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Healthcare Staff' Views on Oral Health in Palliative Care Patients: A Qualitative Study

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Abstract

Background: Palliative care aims to identify, evaluate, and treat pain and other physical, psychological, and mental problems as early as possible. A good level of oral health positively affects the quality of life. For this reason, regular oral evaluation and care should be performed to protect oral health in palliative patients.

Aim: The study aims to examine the oral health experiences of health professionals in palliative care units.

Methods: This study was carried out using the Phenomenology design, one of the qualitative research methods. The study sample consisted of active members of the Palliative Health Services Association. Content analysis was applied by dividing the interview reports into codes and themes. The Consolidated Criteria for Reporting Qualitative Research checklist was used.

Results: It was determined that 44% of the participants were physicians, 56% were nurses, and 62% had 1-5 years of experience working in the palliative unit. In this study, factors affecting oral health in palliative care patients include lack of hygiene, oral mucosa disorders, and fungal infections. Disease diagnosis, patient non-compliance, and workload are among the factors that complicate oral care in inpatients.

Conclusion: This study may raise awareness about oral health among healthcare professionals. It was revealed that more comprehensive studies should be conducted on oral health and protection in palliative care.

Keywords: Disease prevention, outcome assessment (health care), qualitative study

Introduction

Palliative care is a care organization for people with life-threatening diseases and their families that can be offered within the institution or at the patient's own home[1] and includes supportive practices in many areas.[2-4] One of the problems affecting patients' quality of life in palliative care is oral health problems.[5] Oral health is essential in maintaining quality of life in this process.[6,7] Problems occurring in the mouth can affect an individual's psychological and physiological state.[8]

According to the World Health Organization, oral health is integral to overall health. Many factors facilitate the occurrence of oral problems, such as medications used on patients in palliative care units, previous cancer treatment including radiotherapy and chemotherapy, patients' low fluid intake, and mouth breathing.[7,9,10] Among the oral health problems, poor oral hygiene,[4] dry mouth (xerostomia), orofacial pain, oral mucositis, oral candidiasis, bad breath,[7,9,10] tongue inflammation, swallowing difficulties, and spots in the oral cavity can be considered.[7] However, good oral health reduces the risk of oral mucositis and respiratory infections,[4,6,9,11] enables patients to enjoy different foods, helps in effective speech, improves sleep quality and patient comfort, and most importantly, allows communication.[6,11,12]

Oral health problems are either not always taken seriously by healthcare professionals[7] or the problem is not recognized because patients are no longer able to communicate the problem.[12] Despite oral care becoming routine and oral hygiene training, insufficient awareness of oral symptoms, especially the failure to diagnose symptoms early and intervene late, causes the problems to increase further.[9] In the oral health studies conducted to date, more studies have been conducted on topics such as oral health in older

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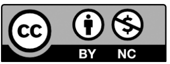

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people,[13,14] oral health and quality of life in older people,[15] nurses' perceptions of oral health,[16] assessment of oral health,[17] and the importance of oral care.[6,7] However, there are very few studies evaluating the experiences of both physicians and nurses on the problems experienced in oral health practices. This study was designed to examine the problems and experiences of physicians and nurses regarding oral health in palliative care units and to raise awareness in this field.

The Question of the Study

1. What are the problems and experiences in oral health practices in palliative care?

Materials and Methods

Study Design

The study was carried out using the phenomenological design approach, one of the qualitative research methods. The phenomenological approach aims to understand health professionals' experiences by enabling them to express feelings, perspectives, and perceptions about concepts and to define how they experience them.[18] The research was conducted taking into account the reporting standards of qualitative research (Consolidated Criteria for Reporting Qualitative Research or COREQ).[19]

Study Sample

Physicians and nurses, both working in palliative care and registered with an association related to the field, were included in the study. The purposive sampling method was used to select the participants. In order to ensure maximum diversity in calculating the sample size, people from different institutions, educational backgrounds, ages, experiences, and genders were selected. Interviews were terminated when data saturation was achieved. The study was conducted with 16 people, including seven physicians and nine nurses, who volunteered to participate. Those who had just started working in the palliative care unit and had not yet completed at least one year were excluded from the study. Answers to the following questions were sought:

- What are the factors affecting oral health in palliative care patients?
- How do you assess oral health?
- What are the factors that affect oral care?
- What is needed for the protection of oral health in palliative patients?

Data Collection Tool

As a data collection tool, a Personal Information Form consisting of seven questions with demographic characteristics, prepared by the researchers, and a Semi-Structured Interview Form consisting of four questions were used. Before the data collection tool, consisting of seven questions, was developed as a draft, a pilot application was conducted with two participants. The expert opinions of three faculty members—one from Educational Sciences and the other two from Health Sciences—were taken.

Data Collection

Face-to-face interviews were conducted privately in the clinics where the individuals worked. Data was collected between January 1, 2023 and March 31, 2023. After the participants were informed about the study, the day, time, and place of the interview were planned. Interviews with employees working out of town were conducted via the Zoom program, with audio and video recordings. Face-to-face interviews with five people were recorded with a voice recorder. The average interview duration was 30 minutes. When the data started to repeat in the interviews, they were terminated considering that data saturation had been reached. In qualitative research, although there is no specific rule for determining the sample size, it is stated that the repetition of data and the stage defined as data saturation are sufficient for the sample.[20] Saturation of the data means that the data collection process is terminated if no new opinions are received from the participants or the same answers are received to the interview questions.[21] Transcripts were sent to four participants who requested them, and no correction requests were received.

Validity and Reliability

Credibility, transferability, consistency, and confirmability methods,[22,23] which are widely used to ensure validity and reliability in qualitative research, were also used in this research. Expert support was provided to confirm the findings obtained by consulting participant opinions, and the views are described comprehensively. The codes and themes obtained as a result of the analyses were re-created by three experts working in Educational Sciences and Health Sciences. The codes and themes obtained by comparing the pairings of experts with the pairings of researchers were found to be generally compatible. To ensure validity in the research, the results are presented with quotations. Particularly emphatic expressions from the participants are highlighted in these quotations. The researchers examined whether the findings were meaningful by taking into account criteria for internal consistency and external consistency. The findings are presented in detail, and the discussion is supported by the findings of similar studies. However, the steps of the research process are explained in detail in the Methods section.

Ethical Approval

Before the research data were collected, approval was obtained from the Haliç University Non-Interventional Clinical Research Ethics Committee (Approval Number: 247, Date: 30.11.2022). The study was conducted in accordance with the Declaration of Helsinki. Confidentiality was maintained while collecting and storing all information belonging to the participants. Interview notes were protected with a password on the computer. Informed consent was obtained from the participants.

Data Analysis

After listening to the obtained recordings three times, codes were created related to the meaning of the participants' discourses. Concepts that were noticed to be repeated in the text were grouped under the same codes, forming meaningful wholes.

The researcher who conducted the interviews, Dr. Lecturer, was a member. Both researchers have experience with qualitative work. The interviews were transferred to the computer environment by the researchers and converted into text. Interview reports were divided into codes and themes, and content analysis was applied. Themes were created as a result of the interviews. Content analysis,[24] based on coding and creating themes, was carried out by coding the data obtained during the analysis process, making them into meaningful wholes, and forming themes by grouping the codes appropriately. This content analysis was conducted collectively by the researchers. For the analysis of the research data, Nvivo 14, a qualitative data analysis

program, was used to code the data by specifying the frequency values and creating themes.

To ensure the reliability of the research, the raw data were nicknamed N1, N2, N3, ...D1, D2, D3, etc., without making any changes to the opinions of the participants as a result of the data analysis, and stated in the findings section. 'N' represents nurses, and 'D' represents doctors.

Results

According to Table 1, it was determined that 44% (n=7) of the participants were physicians, 56% (n=9) were nurses, 50% (n=8) were between the ages of 40-49, 87.5% (n=14) were female, 69% (n=11) were married, 43.5% had 21-25 years of experience, and 62% had 1-5 years of palliative unit work experience (Table 1).

The data obtained from the analysis of participant opinions were examined according to themes and codes (Figure 1).

According to Figures 2 and 3, both physicians and nurses stated that 'lack of hygiene' (n=16), 'oral mucous membrane disorders' (n=16), and 'fungal infections' (n=11) are among the factors affecting common oral health. Differently, physicians reported that patients' 'disease diagnoses' (n=7) and nurses mentioned that 'conditions affecting oral nutrition' (n=4) were among the factors affecting oral health. Some participant opinions on this issue are given below:

"...the patient comes in with a lot of plaque. We have to spend significant time on oral care to remove all that plaque..." (N1).

"...Canker sores and mouth sores are the biggest problems..." (N2).

"...There are too many lesions in the mouth due to candida reproduction..." (N3).

"...Patients come to us having been intubated for a long time, with a tracheostomy opened or without oral feeding..." (N1).

"...We see dirt on the teeth more often..." (D1).

"...Different problems in patients with cachectic nutrition problems with long-term care in bed..." (D1).

"...dry mouth, excessive saliva, oral fungus, ulcerations, infection, dental caries, and pain often occur..." (D7).

When examining the approaches of physicians and nurses to evaluate oral health in Figure 3, most physicians and nurses said they made the oral evaluation during the 'patient examination' (n=13). While most of the nurses (n=6) stated that they used 'scale,' it was seen that most of the physicians (n=4) did not use any 'criteria.' Some of the participants' views on this issue are as follows:

"....We do oral care in the morning at the caregiving time. Also, while giving oral care, we are making an assessment..." (N4).

"...The patient's nurse evaluates the patient every day and fills in the oral section from the oral scoring and system diagnostics department according to the findings she has obtained..." (N3).

"... I check the mouth condition when visiting..." (D1).

"...If a patient or relative makes a complaint during morning visits, we, as physicians, conduct the examination..." (D3).

"...I do not use any scale while making an assessment..." (D5).

The factors affecting oral care were examined in Figure 4. Most physicians and nurses stated that 'disease diagnoses' (n=12), 'patient incompatibility' (n=6), 'ignoring care' (n=8), and 'workload' (n=5) in patients hospitalized in palliative units are among the factors that complicate oral care. 'Lack of training' in nurses as opposed to doctors (n=3) and the 'material problem' (n=1) have been noted. The opinions of some participants on this issue are as follows:

"...In an unconscious patient, the biggest problem is to make the patient open his mouth because he bites..." (N1).

"...The patient's lack of cooperation makes oral care difficult..." (N7).

"...It is a problem for us that the level of understanding of the training provided by the patient's relative is not sufficient, and the patient's relative does not consider oral care necessary..." (N3).

Table 1. Demographic Characteristics of the Participants

Demographic Information	Features	n	%
Profession	Physician	7	44
	Nurse	9	56
Age, years	20-29	2	12,5
	30-39	4	25
	40-49	8	50
	50-59	2	12.5
Gender	Woman	14	87.5
	Man	2	12.5
Marital Status	Married	11	69
	Single	5	31
Educational Status	Medical Education	6	38
	Associate Degree	2	12.5
	Bachelor's Degree	3	18.5
	Postgraduate	5	31
Professional Experience	1-5 years	2	12.5
	6-10 years	1	7
	11-15 years	3	18.5
	16-20 years	3	18.5
	21-25 years	7	43.5
Palliative Experience	1-5 years	10	62
	6-10 years	6	38

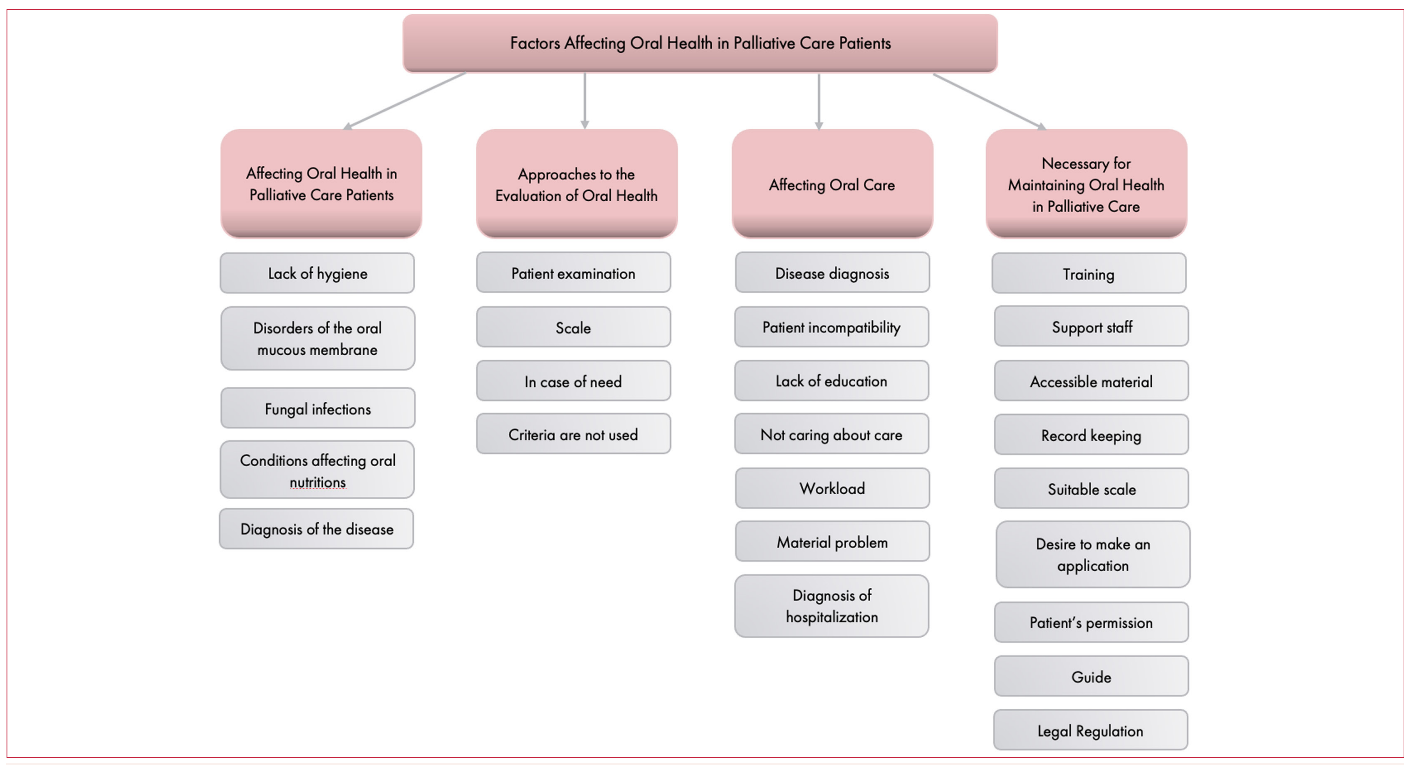

Figure 1. Factors affecting oral health in palliative care patients.

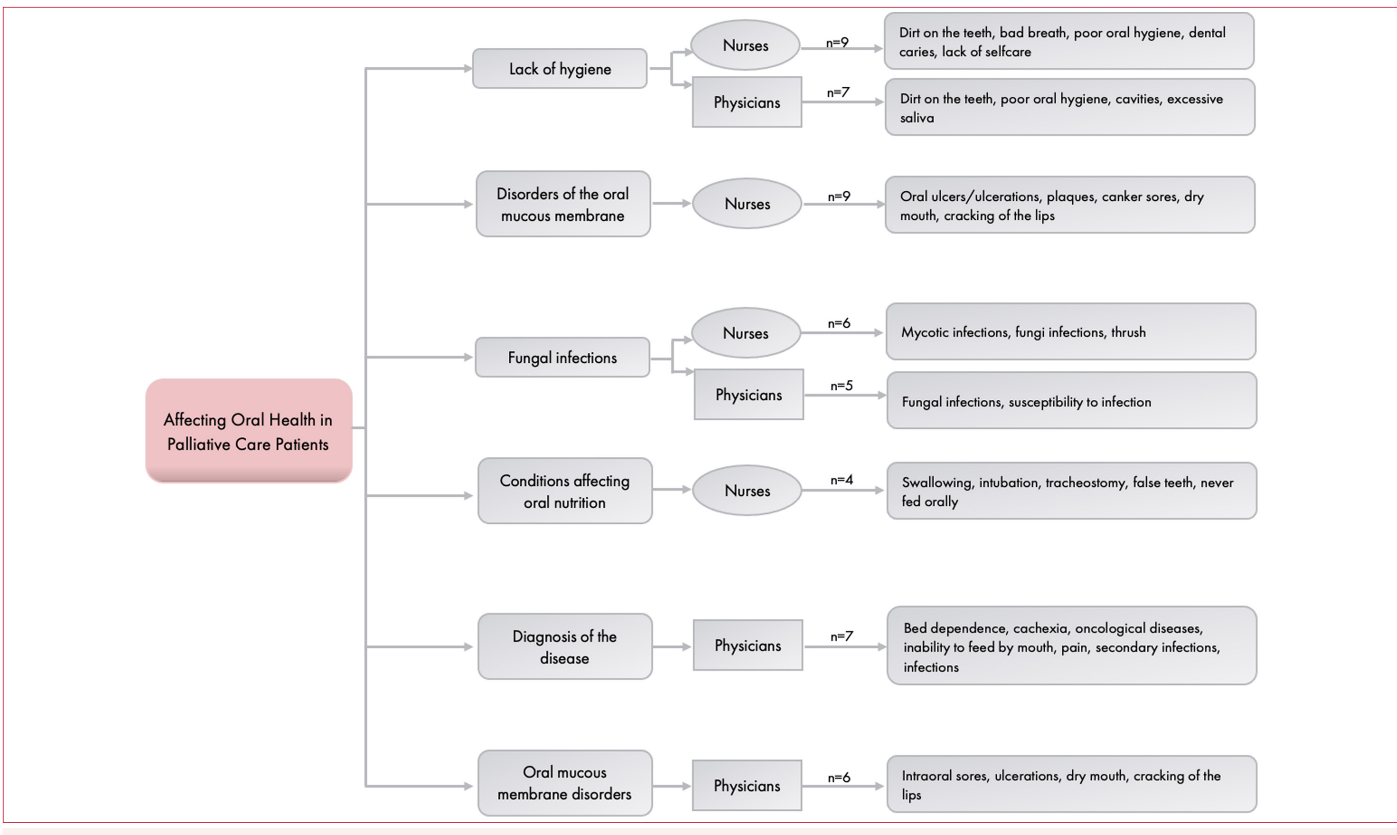

Figure 2. Problems affecting oral health in palliative care patients.

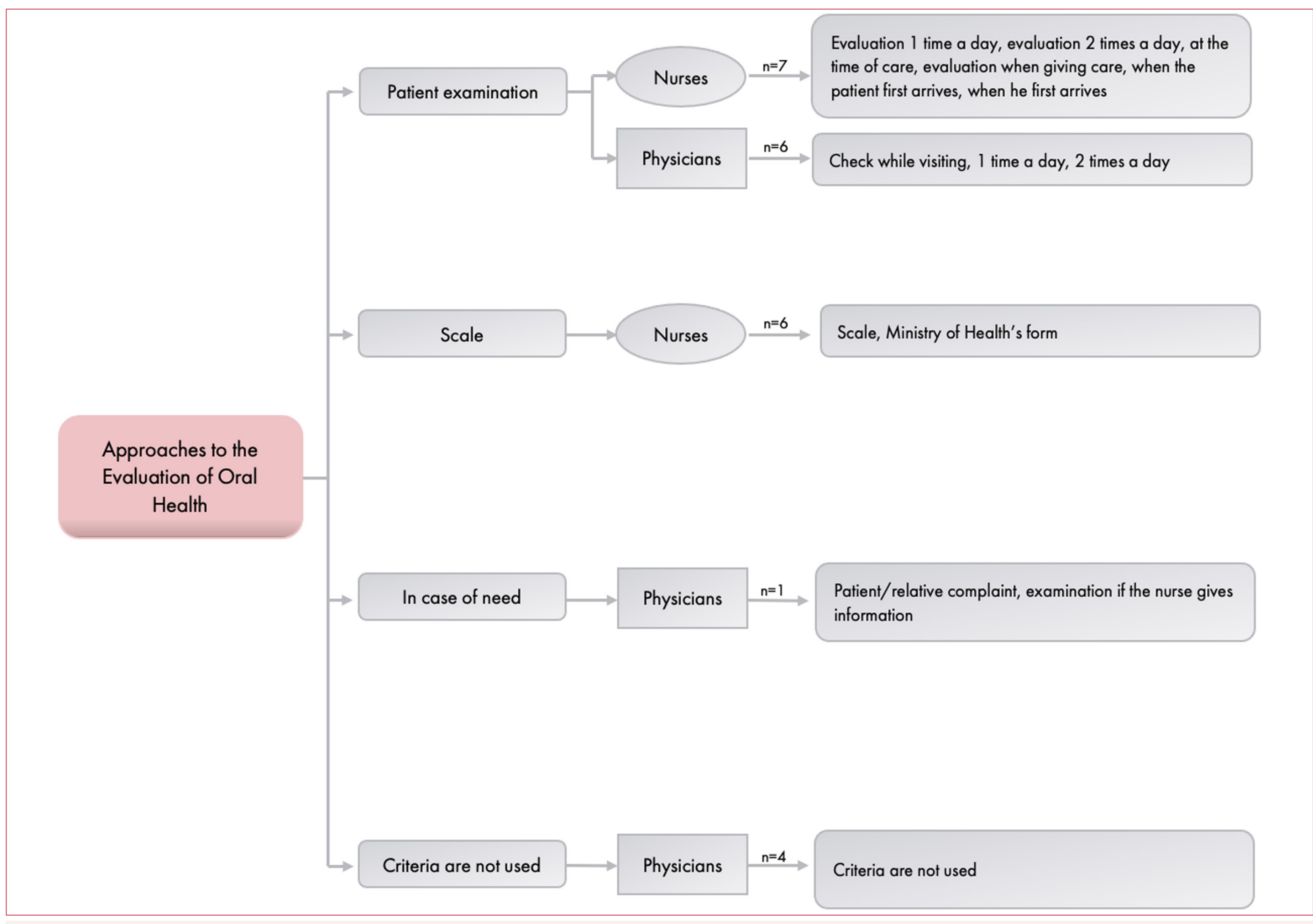

Figure 3. Approaches to the evaluation of oral health.

"...Of course, on the one hand, it is also effective for nurses who care to understand the importance of this..." (N5).

"...I think the nurses are doing the best they can, but we don't have time..." (N7).

"....Cotton stays inside, the tongue depressor is broken; while wearing the airway, you force the patient a little. The materials are not of very high quality..." (N1).

"...Neurological diseases, psychiatric diseases, there are difficult reasons..." (D1).

"...I think the importance of the issue is not understood enough..." (D7).

"...Patient incompatibility and preventing the caregiver are among the complicating factors..." (D1).

"...The number of employees in clinics affects the care in the first degree..." (D4).

The factors necessary for the protection of oral health in palliative care are observed in Figure 5. Physicians and nurses stated that 'training' (n=16), 'willingness to practice' (n=5), and 'patient's consent' (n=2) are among the factors necessary for the protection of oral health. Unlike physicians, nurses include the use of 'support staff' (n=4), 'accessible materials' (n=3), 'record keeping' (n=3), and 'appropriate scale' (n=3) among these factors. Physicians listed 'guideline' (n=4) and 'legal regulation' (n=2) among the necessary factors. The opinions of some participants on this issue are as follows:

"...First of all, education is necessary; the education of both the patient and the family is very important..." (N4).

"...I think palliative care should be put into vocational courses and taught in school..." (N8).

"...I think there is a need for patient care technicians or clinical support staff in palliative care..." (N4).

"...Ready-made oral care kits used for care should be provided..." (N3).

"...They all need to be recorded. So, it is necessary to evaluate thoroughly; we should use a form to be able to follow how it was when we delivered the patient, and then what happened?..." (N1).

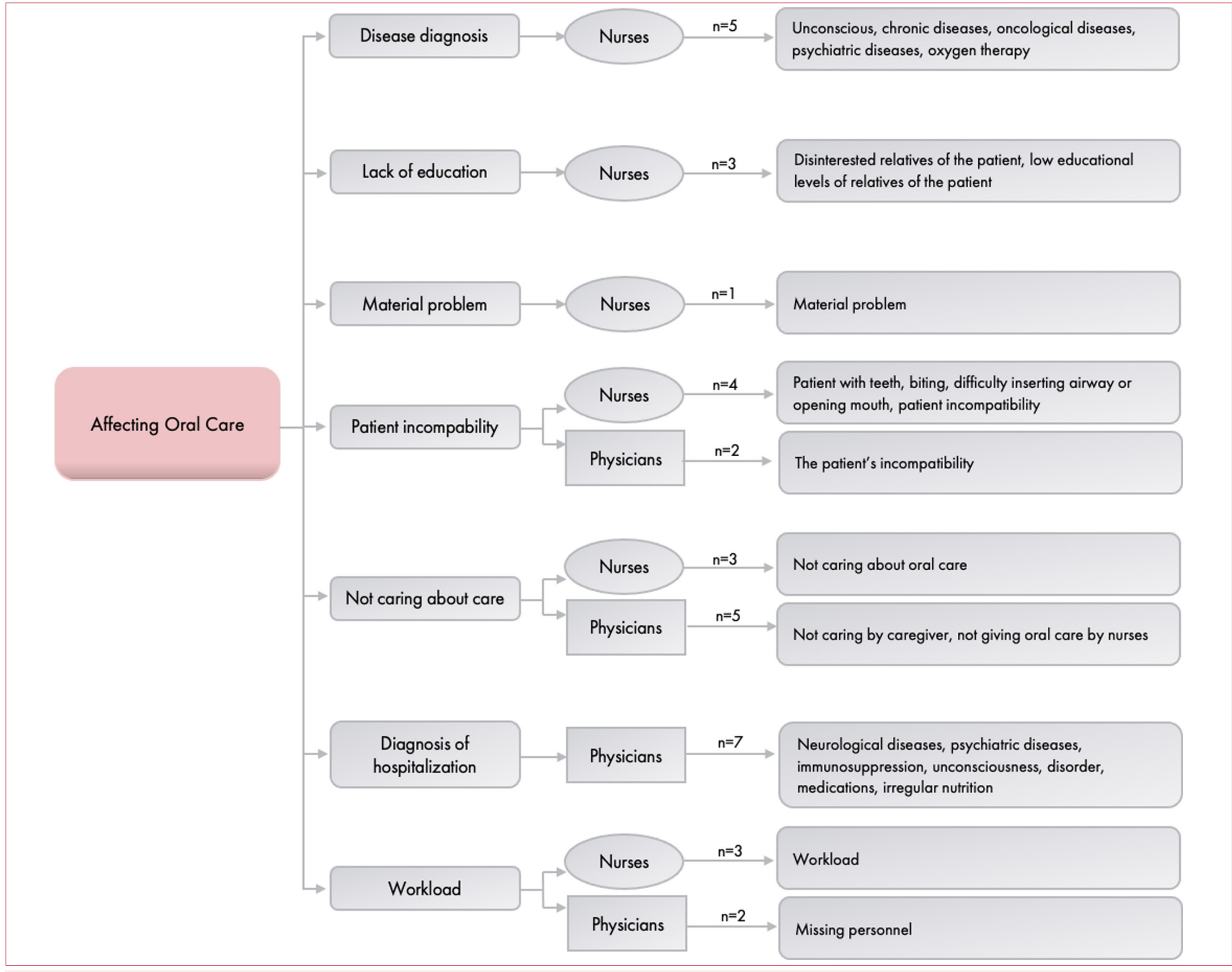

Figure 4. Factors affecting oral care.

"...Maybe it would be better to use an easy scale..." (N1).

"...We can't practice our roles as nurses. We don't want to give care..." (N7).

"...First of all, the patient and his relatives should allow this..." (N5).

"...Perhaps we need to place the importance of providing oral care in society with this education again at a young age..." (D2).

"...Legal regulations for palliative care and guidelines that each clinic can use jointly should be developed, and developments in the world should be monitored, so publications are not followed..." (D4).

"...It may be useful to include a dentist and a dental technician in the teams at Palliative Care Centers..." (D6).

"...I think nurses, especially senior nurses, refrain from providing care. They are trying to get their younger colleagues or auxiliary medical staff to do these jobs..." (D5).

"...First of all, the patient must give permission..." (D1).

Discussion

Oral health is significant in palliative care units, and deterioration in oral health negatively affects patients' quality of life.[4,7,10] This study examined health professionals' experiences related to oral health in palliative care units.

The study showed that among the factors affecting the oral health of physicians and nurses in palliative care units, lack of hygiene, oral mucous membrane disorders, and fungal infections are the most common. The most common oral problems encountered in the literature are poor oral hygiene, dry mouth, burning of oral tissues, fungal infections, difficulty swallowing, and cachexia, which can be both the cause

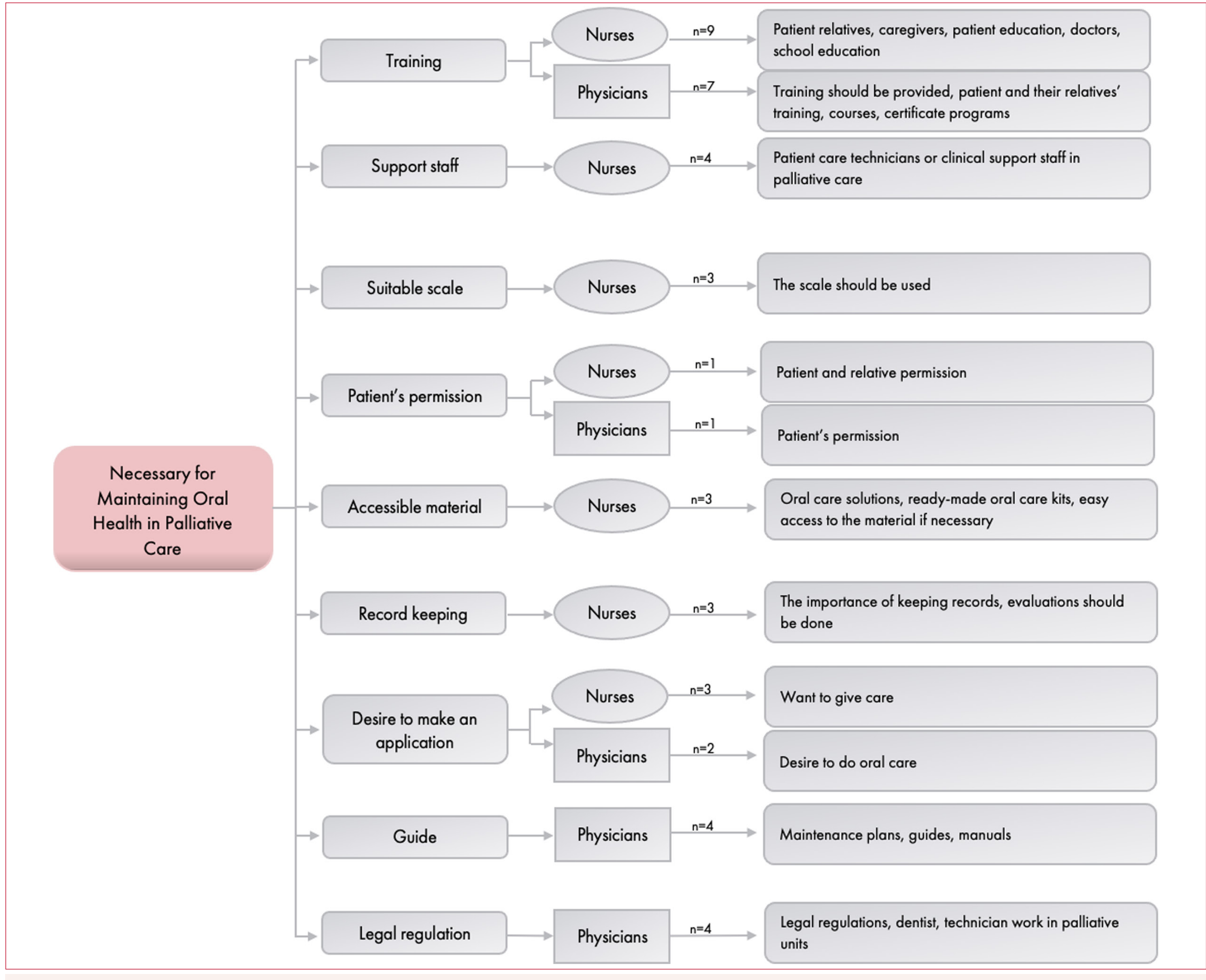

Figure 5. Factors necessary for maintaining oral health in palliative care.

and result of oral health problems and secondary complications.[5-7,9,11] In general, studies conducted in palliative care units show that there are many problems associated with poor oral health,[5,7] and it is noteworthy that most of these problems occur in patients who cannot be fed orally.[17] Especially being dependent on a bed and needing help with oral care may increase the risk of deterioration of oral health.[7] In similar studies, especially in patients with end-stage cancer, it has been determined that the level of consciousness has decreased and oral health is poor in patients who are in the last period of life.[5,7,10] In addition, although it is known that drugs such as opioid analgesics, sedatives, antidepressants, anxiolytics, neuroleptics, and anticholinergics used in palliative departments cause dry mouth,[10] it is noteworthy that no feedback was given on drugs in this study.

The study found that nurses perform oral evaluations daily, and most nurses use a scale. At the same time, physicians make assessments during the examination and in case of need. Correctly assessing clinical signs and symptoms in palliative care departments is crucial for good treatment. For this reason, the literature has reported that oral evaluations of patients should be performed at regular intervals.[10,15]

Among the factors that make oral care complex, the study determined that 'disease diagnoses' and 'patient incompatibility' are the most common. Since patients hospitalized in palliative departments cannot fully express their conditions, such as pain or discomfort, difficulties may be experienced in addressing oral problems in these patients. Especially in patients who cannot open their mouths and do not want to cooperate, the risk of biting is relatively high, and this can cause injuries to people who care.[11] The difficulties medical personnel encounter in providing adequate oral care related to the patient's unwillingness to cooperate are similar in other studies.[7,12]

In the study, it was determined that another factor affecting oral care by both physicians and nurses was 'care neglect.' In the literature, it has been shown that oral care needs frequently remain in the background in patients under palliative care, and dental and oral hygiene needs are ignored or forgotten.[4,7] Also, it has been stated in studies that oral problems are usually not reported or recorded.[6,7,9,12]

In the present study, it is noteworthy that education is the most essential factor for protecting oral health. Similarly, studies on the subject emphasized the importance of educating palliative caregivers about oral health disease.[11,15,16] In their study, Kvalheim and Strang[10] emphasized that oral care in palliative care should be considered a shared responsibility by all team members, including dentistry.

The nurses expressed "support staff," and physicians mentioned "guides and legal regulation" among the necessary factors for protecting oral health in this study. Similar studies show that the deficiencies in 'manpower' and 'guidelines/protocols' are highlighted among the obstacles encountered in providing oral care to palliative patients.[6,12,16] A patient's average oral care time was determined as five minutes.[6,12] It is recommended to perform daily oral care at least twice in patients with poor health conditions, decreased level of consciousness, and no teeth. For this reason, it is vital to use support elements and practical guidelines for an effective oral health assessment and care.[12,13]

Limitations

Since the participants were selected using the purposive sampling method, the results obtained cannot be generalized and can only represent the nurses and physicians participating in this study.

Conclusion

This study determined that the most common oral health problems in palliative care are lack of hygiene, oral mucous membrane disorders, and fungal infections. Nurses perform an oral evaluation daily, and most nurses use a scale; physicians evaluate during the examination and if necessary. It was determined that among the factors that complicate oral care are 'disease diagnoses' and 'patient non-compliance'. It was revealed that the studies conducted in this area are limited, and more comprehensive and multifaceted studies are needed for oral health and protection in palliative care.

Ethics Committee Approval: Ethics committee approval was obtained from Haliç University Non-Interventional Clinical Research Ethics Committee (Approval Number: 247, Date: 30.11.2022).

Informed Consent: Written informed consent was obtained from the participants.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – Y.Ö.G., S.B.; Design – Y.Ö.G.; Supervision – S.B.; Resource – Y.Ö.G., S.B.; Materials – Y.Ö.G.; Data Collection and/or Processing - Y.Ö.G.; Analysis and/or Interpretation - S.B.; Literature Review – Y.Ö.G., S.B.; Writing – Y.Ö.G., S.B.; Critical Review – Y.Ö.G., S.B.

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References

1. Şenel G, Koçak N. Palliative care quality standards. In: Çay Şenler F, ed. Palliative Care in Oncology. 1st ed. Ankara: Türkiye Klinikleri; 2020:5-10.
2. Güç ZG, Yavuzşen T. What is palliative care and what is not? Definition, aim and philosophy. In: Çay Şenler F, ed. Palliative Care in Oncology. 1st ed. Ankara: Türkiye Klinikleri; 2020:1-4.
3. World Health Organization. The Global Status Report on Oral Health 2022. Accessed May 15, 2024:.[CrossRef]
4. Singh AK, Mishra R, Kumar H, Priya L, Choudhary HV, Kumar K. Assessment of Oral Health-Care needs for patients under palliative care. J Pharm Bioallied Sci. 2021;13(suppl 1):S180-S183. [CrossRef]
5. Furuya J, Suzuki H, Hidaka R, et al. Factors affecting the oral health of inpatients with advanced cancer in palliative care. Support Care Cancer. 2022;30(2):1463-1471. [CrossRef]
6. Magnani C, Mastroianni C, Giannarelli D, et al. Oral hygiene care in patients with advanced disease: an essential measure to improve oral cavity conditions and symptom management. Am J Hosp Palliat Care. 2019;36(9):815-819. [CrossRef]
7. Gustafsson A, Skogsberg J, Rejnö Å. Oral Health plays second fiddle in palliative care: an interview study with registered nurses in home healthcare. BMC Palliat Care. 2021;20(1):173. [CrossRef]
8. Kızıltan B, Berber E. The importance of Oral Health in cardiovascular diseases, the role of nurses and individualized nursing care. Turk J Cardiovasc Nurs. 2019;10(23):145-153.
9. Wu TY, Liu HY, Wu CY, Chen HC, Huang ST, Chen PH. Professional oral care in end-of-life patients with advanced cancers in a hospice ward: improvement of oral conditions. BMC Palliat Care. 2020;19(1):181. [CrossRef]
10. Kvalheim SF, Strand GV. A narrative of oral care in palliative patients. Int J Environ Res Public Health. 2022;19(10):6306. [CrossRef]
11. Soileau K, Elster N. The hospice Patient's right to oral care: making time for the mouth. J Palliat Care. 2018;33(2):65-69. [CrossRef]
12. Venkatasalu MR, Murang ZR, Husaini HABH, Idris DR, Dhaliwal JS. Why oral palliative care takes a backseat? a national focus group study on experiences of palliative doctors, nurses and dentists. Nurs Open. 2020;7(5):1330-1337. [CrossRef]
13. Hoeksema AR, Peters LL, Raghoebar GM, Meijer HJA, Vissink A, Visser A. Oral Health status and need for oral care of care-dependent indwelling elderly: from admission to death. Clin Oral Investig. 2017;21(7):2189-2196. [CrossRef]
14. Raphael C. Oral Health and aging. Am J Public Health. 2017;107(suppl 1):S44-S45. [CrossRef]
15. Koistinen S, Olai L, Ståhlnacke K, Fält A, Ehrenberg A. Oral Health-related quality of life and associated factors among older people in short-term care. Int J Dent Hyg. 2020;18(2):163-172. [CrossRef]
16. Kong AC, George A, Villarosa AR, et al. Perceptions of nurses towards oral health in palliative care: a qualitative study. Collegian. 2020;27(5):499-505. [CrossRef]
17. Ohno T, Heshiki Y, Kogure M, Sumi Y, Miura H. Comparison of oral assessment results between non-oral and oral feeding patients: a preliminary study. J Gerontol Nurs. 2017;43(4):23-28. [CrossRef]
18. Creswell JW. Qualitative Research Methods: Qualitative Research and Research Design According to Five Approaches. (5th ed., Bütün M, Demir SB, translators). Ankara: Siyasal Kitabevi; 2020.
19. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-357. [CrossRef]
20. Pitney WA, Parker J. Qualitative research in physical activity and the health professions. J Hum Kinet. 2009.
21. Merriam SB, Tisdell EJ. Qualitative Research: a Guide to Design and Implementation. 4th ed. San Francisco: John Wiley&Sons; 2015.
22. Lincoln YS, Guba EG. Naturalistic Inquiry. Newbury Park, CA: Sage Publications; 1985.[CrossRef]
23. Yıldırım A, Şimşek H. Sosyal Bilimlerde Nitel Araştırma Yöntemleri. 9th ed. Ankara: Seçkin Yayıncılık; 2013.
24. Patton MQ. Qualitative Research and Evaluation Methods: Integrating Theory and Practice. 4th ed. Newbury Park, CA: Sage Publications; 2015.