

RESEARCH SUMMARY

Oral healthcare of elderly people

The knowledge of healthcare professionals regarding elderly persons' oral care

A. J. Preston, A. Kearns, M. W. Barber and M. A. Gosney *Br Dent J* 2006; 201: 293–295

Objective

The aim of this study was to compare the knowledge and views of nursing staff on both acute elderly care and rehabilitation wards regarding elderly persons' oral care with that of carers in nursing homes.

Subjects

One hundred nurses working on acute, sub-acute and rehabilitation wards for elderly people (Group 1) and 75 carers in nursing homes (Group 2) were surveyed.

Design

A semi-structured questionnaire.

Results

Similar percentages of each group of nurses were registered with a dentist (86% and 88% respectively), although more hospital-based nurses were anxious about dental treatment compared with the nursing home group (40% and 28% respectively). More carers in nursing homes gave regular advice about oral care than the hospital-based nurses (54% and 43% respectively). Eighteen per cent of each group thought that edentulous individuals did not require regular oral care. Eighty-five per cent of hospital-based nurses and 95% of nursing home carers incorrectly thought that dentures were 'free' on the NHS. Although trends were observed between the two groups, no comparisons were statistically significant (Chi-square; level $p < 0.05$).

Conclusions

Deficiencies exist in the knowledge of health care workers both in hospital and in the community setting, although the latter were less knowledgeable but more likely to give advice to older people.

IN BRIEF

- Older people in both hospital and the community are at risk from oro-dental problems.
- Admission to hospital or a nursing home is an opportunity for both health promotion and screening for undetected pathology.
- The responsibility of providing oral health care to patients in hospital and nursing homes lies with all health professionals involved in the patients' care.
- The majority of those surveyed believed dentures to be 'free' to all pensioners on the NHS.
- A high level of initial training for nurses and health care professionals regarding oral care for the elderly is required, otherwise the care of such elderly individuals might be sub-optimal.

COMMENT

This is a small study and the data are limited in what they can tell us. There is certainly no indication of a chasm in beliefs between the two groups involved; the differences between the hospital nurses and healthcare workers and those working in care homes were not significant for any of the questionnaire items. This may be a reflection of the relatively small sample sizes, but even a bigger sample and some significant differences would be unlikely to make a profound difference to the way we think about the two groups.

There is one statistic that stands out, and that is that around half of the nurses and health care workers in both environments do not give oral health care advice to their patients. This should be a concern, because if carers for dependent older people do not take this on as a key role then it is difficult to see who else will. Unfortunately the paper does not really address the reason for this absence of engagement, but there are a range of possibilities, including the lack of any deeply established culture that oral care is an appropriate part of a nurse's work. It is a pity that this paper does not follow this up, though the need for better training is identified as a key step.

We have been here before though. This is not the first paper to identify the potential for poor oral health care in the hospital or care home environment, or to decry the lack of appropriate training for carers. Admittedly, some steps have been taken; the Certificate in basic oral health promotion is an important and positive first step, but a voluntary one. The real basics of oral care are not difficult to understand, but until this subject is seen, taught and assessed as a core component of a carer's training we will continue to see neglected older mouths with various painful and unnecessary sequelae. The recent Strategic Review of Oral Health for Older People, commissioned by the Department of Health, clearly identified this problem, and made some simple recommendations to address it. The profession has a role now to keep the pressure up at every level. It need not be expensive to make a real difference, it just takes a willingness to engage from all parties.

J. Steele, Chair of Oral Health Services Research,
University of Newcastle upon Tyne

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