



Knowledge Attitudes and Practices (KAP) Survey on preventive oral care in the hospital setting

*CHTIOUI Hajer¹, OUNI Imed², BEKRI Sana³, MANSOUR Lamia⁴

¹Prosthodontist /Ministry of public health Tunisia

^{2,3}Associate Professor in Removable Partial Denture- Faculty of Dental Medecine Monastir-Tunisia

⁴Professor in Removable Partial Denture- Faculty of Dental Medecine Monastir-Tunisia

DOI: 10.5281/zenodo.7892339

Submission Date: 13 March 2023 | Published Date: 10 April 2023

*Corresponding author: CHTIOUI Hajer
Prosthodontist /Ministry of public health Tunisia

Abstract

Knowledge, attitudes and practices (KAP) survey on preventive oral care carried over a period of 2 months (January and February 2020), in Fattouma Bourguiba University Hospital of Monastir-Tunisia. The study compromised fourteen nurses working in the services of rheumatology, cardiology and orthopedics.

The results showed the non-involvement of nurses in preventive oral hygiene of hospitalized patients, an update of the caregiver' knowledge is necessary to prevent oral complications and the impact of poor oral hygiene on general health.

Keywords: caregivers, nurses, oral health, prevention, KAP

INTRODUCTION

Oral diseases are one of the main public health problems. It is now recognized that they can have a significant impact on general health such as endocarditis and pneumopathy.

Indeed, the neglect of oral hygiene of hospitalized patients can further deteriorate their oral and dental condition compared to non-hospitalized patients. According to Xavier (22), oral care is an essential nursing intervention that can reduce the risk of dental and systemic disease.

Often oral care becomes a requirement rather than an adjunct to daily care.(15)

In their study, Yeung and Chui indicate that nurses' positive attitudes positively affect their oral health care practices. (23)

In this context, we conducted a (KAP) survey to evaluate the knowledge, attitudes and practices of nurses regarding preventive care in the hospital setting.

MATERIALS AND METHOD

Study population

This work is elaborated according to a study KAP (Knowledge, Attitude and Practice), carried out in Fattouma Bourguiba University Hospital of Monastir-Tunisia, on a population (40 persons) of nurses, practicing in the services of rheumatology, cardiology and orthopedics.

This study was conducted over a period of 2 months (January and February 2020).

Inclusion criteria: Nursing staff providing daily care to hospitalized patients (nurses, nursing assistants).

Exclusion criteria: Refuse to answer the questionnaire.

The question sheet

A questionnaire was elaborated to collect information from the nursing staff and to analyze it

The questionnaire is divided into five areas which consist of:

- Attitudes towards preventive oral care.
- Appreciate caregiver' knowledge of in oral health.
- Analyze preventive oral care practices.
- Determine training needs.

Study protocol

Questionnaires were distributed to healthcare personnel (nurses, nursing assistants). Some nurses agreed to be interviewed; others said they didn't have the time so they filled out the questionnaire on their own.

Data entry and analysis

Data entry and analysis were performed on IBM SPSS Statistics 26.

RESULTS AND DISCUSSION

1. Caregivers' Attitudes toward Oral Health Care

More than 70% of respondents felt that oral health care was part of their job, and 20% rejected full responsibility for care.

According to the decree n°2010-671 of April 5, 2010, of nursing training in Tunisia and in article 3 of the French decree n° 2002-194 of 11 February 2002 (20), the nurse should provide oral hygiene care, detect oral pathologies and alert the surgeon at the first sign of trouble.

According to Xavier (22), oral care is an essential nursing intervention that can reduce the risk of dental and systemic disease.(15 , 23)

This result is similar to the study by Costello and Coyne and Philip.(9, 18)

However, this awareness does not always mean that oral health care is actually administered. In fact, 87.5% of the nurses rejected this as a routine.

In our survey no nurse reported assessing the oral cavity on admission of patients.

These results are consistent with other studies conducted in different hospital wards in India (17), Singapore (7), Saudi Arabia (1) and France (13) which found a lack of observation of the oral cavity on the day of patient admission. While, the results of a study conducted at the University Hospital in Nigeria (2013) revealed that 67.7% of respondents assess the oral status on patient admission. (3)

In our study the neglect of oral care could be due to the fact that the majority of the nurses (68.1%) considered oral care as an unpleasant task. The idea that oral care is an unpleasant task is claimed in several studies. (6,7,16,19,24).

2. Knowledge Assessment

Nurses must be aware of oral health conditions in order to provide an accurate account of the individual's oral health care needs during the assessment (12).

In our study, 50% of the respondents did not know the criteria for a healthy mouth.

This result contrasts with the studies of Belloir in Britain (4) and Costello and Coyne in Ireland (9) where the results revealed a good understanding of the signs and symptoms at the oral level.

Our study revealed that nurses were not trained to assess the oral cavity and no assessment tools were available in their departments.

Also, Thai PH (1997)(54), Fitch J. (1999)(11), Nagarakanti S(2019)(17) and Randa F. (2014)(1) in their studies, reported poor assessment, inadequate skills in handling this task and a lack of nurses' motivation.

Oral assessments should be guided by the development of a standard assessment form rather than depending on individual preferences (4).

In fact, 73.7% of health care providers reported the need for an oral status assessment tool on their ward.

While 90% of respondents admitted they did not have sufficient knowledge about the relationship between oral and systemic health, this is consistent with the results obtained in Britain(4), Italy (8) and Brazil (2).

However, the nurse, by being close to the patient, is able to collect information on the changes in the mouth and transmit it to the attending physician. It is disappointing that these people do not know how to identify an oral lesion, even though this would allow them to treat it at an early stage. (4).

Regarding oral hygiene, 76% of the respondents felt they had insufficient knowledge about the correct oral hygiene materials and practices.

This result is similar to the study of Cianetti et al (2020) (8) who found a low level of competence about hygiene tools (toothbrush, floss or gauze) or (fluoride toothpaste or chlorhexidine) to clean the mouth but contrast with the study of Belloir and Riou (2014) (4) where only 5% of the caregivers expressed a lack of knowledge of the material.

50% of participants reported having studied oral health parameters in their study regimen.
Most of the nurses (90%) had never received oral health care training since their qualification.

More than 65.8% of the nurses would like to have training to update their knowledge and skills in oral knowledge and skills in oral health and oral care.

3. Oral care practices in the hospital setting

Most (91.9%) reported they did not monitor oral and prosthetic hygiene daily. Only 40% reported that they performed oral hygiene for patients in need, ensuring that such patients received appropriate oral care was the responsibility of the nursing staff

More than 2/3 of caregivers (70.6%) had never received training in performing oral hygiene for dependent patients.

The main barriers to providing oral care expressed by the caregivers were lack of interest (67.5%), training (54.1%) knowledge and skills (51.3%).

Lack of materials, time and staff were expressed by 48.8% of caregivers.

There was a low percentage of caregivers who were interested in cleaning prostheses (11%).This could be explained by a lack of training in handling prostheses (17).

Knowledge of denture care is essential, as improper care and cleaning of dentures of can increase the risk of complications of the general state such as aspiration pneumonia (2).

4. Educational needs

Our survey revealed that the majority of nurses' knowledge about oral health care and oral health was acquired during their basic nursing education.

This knowledge is considered insufficient and does not prepare them for the challenge of oral health care of hospitalized patients.

These results are in contrast to Monica's study where 92.8% of nurses agreed that they had received adequate training in oral health care. (16)

Most of the nursing staff on the wards examined did not receive training in oral health care after their qualification. This may limit their opportunities to enhance the oral health knowledge gained during their basic training and to remain informed of current best practices.

Similar results were reported by Chan who found that very few nurses had received oral health care training after graduation (7).

Many nurses perceive the need and are interested in receiving the latest oral health care practices.
Other studies have also supported the notion that nurses need continuing education in oral health care. (5,10,14)

CONCLUSION

Hospitalized patients with one or several pathologies are undergoing treatment with drugs which most often contribute to an impact on the oral flora.

Conversely, the general condition of hospitalized patients may be worsened by poor oral hygiene and condition.

It appears therefore that oral condition evaluation of these hospitalized patients by the nursing staff is a priority.

This KAP survey led to the following conclusions:

* The caregivers' knowledge regarding the evaluation criteria and tools for oral health is insufficient.

*The caregivers' knowledge regarding oral health care and hygiene needs to be updated.

Oral care and hygiene is necessary to prevent oral complications and the impact on the general condition of these medically needy patients. An update of the caregivers' knowledge is necessary to prevent oral complications.

REFERENCES

1. Abidia RF, Faran K. Oral care in the intensive and intermediate care units in Riyadh and Qateef. *Pak Oral Dent J* 2004;24(1):87-94.
2. Araújo RJ, Oliveira LC, Hanna LM, Corrêa AM, Carvalho LH, Alvares NC. Perceptions and actions of oral care performed by nursing teams in intensive care units. *Rev Bras TerIntensiva* 2009;21:38-44.
3. Azodo CC, Ezeja EB, Ehizele AO, Ehigiator O. Oral assessment and nursing interventions among Nigerian nurses-knowledge, practices and educational needs. *Ethiop J Health Sci* 2013;23(3):265-70.
4. Belloir MN, Riou F. Connaissances et attitudes des soignants à propos des soins de bouche préventifs pour des patients en soins palliatifs. *Rech Soins Infirm* 2014;(117):75-84.
5. Binkley C, Furr LA, Carrico R, McCurren C. Survey of oral care practices in US intensive care units. *Am J Infect Control* 2004;32(3):161-9.
6. Boyle S. Assessing mouth care. *Nurs Times* 1992;88(15):44-6.
7. Chan EY, Hui-Ling Ng I. Oral care practices among critical care nurses in Singapore: A questionnaire survey. *Appl Nurs Res* 2012;25(3):197-204.
8. Cianetti S, Anderini P, Pagano S et al. Oral health knowledge level of nursing staff working in semi-intensive heart failure units. *J Multidiscip Health* 2020;13:165-73.
9. Costello T, Coyne I. Nurses' knowledge of mouth care practices. *Br J Nurs* 2008;17:264-8.
10. DeKeyserGanz F, Fink NF, Raanan O et al. ICU nurses' oral-care practices and the current best evidence. *J Nurs Scholarship* 2009;41(2):132-8.
11. Frenkel HF, Harvey I, Needs KM. Oral health care education and its effect on caregivers' knowledge and attitudes: a randomized controlled trial. *Commun Dent Oral Epidemiol* 2002;30:91-100.
12. Huskinson W, Lloyd H. Oral health in hospitalised patients: assessment and hygiene. *Nurs Stand* 2009;23(36):43-7.
13. Julien C. Enquête sur les patients hospitalisés à long terme et santé bucco-dentaire : point de vue de l'équipe soignante [Thèse]. Strasbourg : Faculté de chirurgie dentaire de Strasbourg, 2016.
14. McNeill HE. Biting back at poor oral hygiene. *Intensive Crit Care Nurs* 2000;16(6):367-72.
15. Milligan S, McGill M, Sweeney MP, Malarkey C. Oral care for people with advanced cancer: an evidence-based protocol. *Int J Palliat Nurs* 2001;7(9):418-26.
16. Monica M, Koppula YR. Attitude and practices among nurses regarding oral health care of nonambulatory patients in hospitals of Warangal City – Telangana, India.
17. Nagarakanti S, Avuluri J, Chava VK. Evaluation of nurses' attitude toward the provision of oral hygiene care to hospitalized patients at two private hospitals in South India. *Iran J Nurs Midwifery Res* 2019;24(6):472-4.
18. Philip P, Villarosa A, Gopinath A, Elizabeth C, Norman G, George A. Oral health knowledge, attitude and practices among nurses in a tertiary care hospital in Bangalore, India: a cross-sectional survey. *Contemp Nurse* 2019;55(2-3):261-74.
19. Rajbar H, Arab M, Abbasszadeh A, Ranjbar A. Affective factors on oral care and its documentation in ICU of hospitals affiliated to Kerman University of Medical Sciences. *Iran J Crit Care Nurs* 2011;4(45):28-32.
20. République Française. Décret n° 2002-194 du 11 février 2002 relatif aux actes professionnels et à l'exercice de la profession d'infirmier. *Journal Officiel* du 9/11/1979.
21. Thai PH, Shuman SK, Davidson GB. Nurses' dental assessments and subsequent care in Minnesota nursing homes. *Spec Care Dentist* 1997;17(1):13-8.
22. Xavier G. The importance of mouth care in preventing infection. *Nursing Standard* 2000;14(18):47-51.
23. Yeung KY, Chui YY. An exploration of factors affecting Hong Kong ICU nurses in providing oral care. *J Clin Nurs* 2010;19:3063-72.
24. Cereixe F. Soins palliatifs : Pour quel sourireQuand douleurs, symptômes, souffrances douleurs, symptômes, souffrances [En Ligne]. Disponible à partir l'URL : <https://docplayer.fr/9674126-Soins-palliatifs-pour-quel-sourire-quand-douleurs-symptomes-souffrances-soin-de-bouche-s-il-y-a-doleur-ou-souffrance.html>

CITE AS

CHTIOUI H., OUNI I., BEKRI S., & MANSOUR L. (2023). Knowledge Attitudes and Practices (KAP) Survey on preventive oral care in the hospital setting. *Global Journal of Research in Dental Sciences*, 3(2), 1–4. <https://doi.org/10.5281/zenodo.7892339>