Oral health of elderly long-term care residents

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Introduction
Poor oral health of dependant elderly residents has been an unresolved problem since the 1970’s.¹ An aging dentate population will further exacerbate this problem.¹ Many barriers prevent good oral care and impact negatively on general health and quality of life.² Nurses and care-providers, with the responsibility for daily oral care, must support and be supported in providing improved future care.¹

Preventing
- Aspiration pneumonia
- Coronary heart disease from gum disease
- Periodontal disease
- Dental cavities and pain
- Ulcers caused by ill fitting dentures
- Bacterial or fungal infections²

Managing
- Gingival overgrowth
- Nutritional intake
- Hydration
- High self esteem
- Dignity
- Dry mouth²

Maintaining oral health is important for

Research Findings

Barriers affecting oral care provision
- Lack of resources
- Insufficient staff, time, oral hygiene products, dental services, funding and managerial support.¹
- Knowledge deficits
- Education is restricted by low managerial prioritisation, high workloads and lack of time. ‘Hands-on’ education that is regularly reinforced can improve standards of care.²
- Attitude of care-providers
- Oral health is often given low priority compared to other nursing care objectives.³ This is influenced by difficulties managing non-compliant residents, fear of hurting residents and staff aversion to oral care.³ Attitudes can improve with education.¹
- Lack of policy/documentation
- Oral care is not prioritised in nursing care plans.⁴ Facility policy must support effective documentation that is simple, quick, individualised, enforceable and promotes effective admission and ongoing assessments.⁴,⁵

Oral health Implementations
Assessment tools and educational programmes will remove some barriers to oral care but still require further research and validation for use by nurses.²

Discussion and Clinical Implications
- Evidence-based best practice oral care protocols need to be established for aged care residents.⁴
- Oral health needs to be more comprehensively included in course curriculum for all levels of nursing students.¹
- In-service education of nurses needs to be simple, short, hands-on and include skills for managing residents with behavioural problems.⁵
- The appointment of oral care ‘champions’ in aged care facilities develops staff oral care motivation, knowledge and skills.⁵
- Increased funding is needed to remove the barriers of low resident to care-provider ratios and insufficient supply of oral care resources.³
- Effective facility policy and documentation supports better oral care provision.⁵

Conclusion
Poor oral health is linked to systemic disease and is not an inevitable part of aging. According to ANMC standards nurses have a duty of care, a responsibility to prevent harm and to act as advocates for those in care.⁶ Oral health must be given a higher priority in daily nursing care implementation.⁷ Improving care-provider oral health education increases knowledge, awareness and management skills.

References

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