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Perceptions of cardiac care providers towards oral health promotion in Australia

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ABSTRACT

Background: There is increasing evidence linking poor oral health with cardiovascular disease and it is recommended that health professionals managing people with cardiac disease (cardiac care providers) promote oral health in their practice. However, the current perceptions of cardiac care providers regarding this aspect of clinical practice are unknown in Australia.

Aim: To explore oral health perceptions, knowledge and practices of cardiac care providers and their role in promoting oral health.

Methods: A qualitative study involving focus groups and semi-structured telephone interviews was undertaken with cardiac care providers (27 nurses, two physiotherapists, one exercise physiologist) across Australia between January–March 2016. Interviews/focus groups were transcribed and thematically analysed.

Findings: Most participants encountered a number of patients with poor oral health and highlighted barriers seeking dental care, including access, cost and lack of awareness. However, oral health was not routinely discussed with patients except when cardiac valve surgeries were required. Many participants were unaware of the relationship between oral health and cardiovascular disease. Overall, participants were comfortable with promoting oral health if barriers such as training, time constraints and referral pathways were addressed. Practical suggestions regarding timing of training, preferred content and delivery format were also provided.

Discussion: Cardiac care providers have limited oral health knowledge and are not routinely promoting oral health. However, they are receptive to promoting oral health with adequate support.

Conclusion: Cardiac care providers need to be adequately trained and supported to promote oral health to their patients. Supportive strategies could include training, resources and formalised referral pathways.

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Summary of relevance

Problem

Little is known about the perceptions, knowledge and practices of cardiac care providers in Australia regarding oral health care in the cardiac setting

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What is already known

Poor oral health is linked with cardiovascular disease and it is recommended that cardiac care providers promote oral health among their patients.

What this paper adds

Cardiac care providers have limited knowledge about oral health and are not routinely discussing this topic with patients except when cardiac valve surgery is required. Cardiac care providers are comfortable in promoting oral health provided barriers such as training, time constraints and referral pathways are addressed.

1. Introduction

One of the most common causes of death and disease burden worldwide is cardiovascular disease (CVD) (World Health Organisation, 2015). An association between periodontal diseases, CVD and adverse outcomes has been highlighted in numerous studies and confirmed by several meta-analyses and systematic reviews (Humphrey, Fu, Buckley, Freeman, & Helfand, 2008; Leng, Zeng, Kwong, & Hua, 2015). Furthermore, a recent large study involving 60,174 participants indicated periodontitis as an independent risk factor for atherosclerotic CVD (Beukers, Heijden, Wijk, & Loos, 2017).

Systemic inflammation has been implicated in the aetiology of CVD because inflammation accelerates atherogenesis which in turn increases the risk of vascular events (Caúla, Lira-Junior, Tinoco, & Fischer, 2014). Periodontal disease affects the tissues and structures around the teeth resulting in chronic oral inflammation and increases levels of cytokines linked to the inflammatory response (Tonetti & Dyke, 2013). Due to this growing body of evidence it is recommended internationally that cardiac care providers should be aware of the association between periodontal disease and CVD and include oral health education, risk assessment and referrals in cardiac care practice (Bouchard et al., 2010; Friedewald et al., 2009; Tonetti & Dyke, 2013). Although the effectiveness of periodontal treatment in improving cardiovascular outcomes has not been confirmed (Sanchez, Everett, Salamonson, Ajwani, George, 2017) it is suggested that raising oral health awareness, undertaking assessment and managing periodontal disease may contribute to decreasing the risk of further complications in CVD (Papapanou, 2015; Tonetti & Dyke, 2013).

The role of non-dental health professionals in promoting oral health has gained traction in recent years. Several models of oral health care have been proposed and developed for nurses and allied health professionals in areas such as aged care and dementia (Chalmers & Pearson, 2005), maternity and women's health (Clemmens & Kerr, 2008; George et al., 2016), early childhood (Maher et al., 2012); and people with human immunodeficiency virus (Jeganathan, Purnomo, Houtzager, Batterham, & Begley, 2010). In midwifery, for instance, the Midwifery Initiated Oral Health (MIOH) program has put Australian midwives at the forefront of perinatal oral health care by incorporating oral health education, assessment and referrals into routine midwifery practice (George et al., 2016). The program has improved midwives' knowledge and confidence to promote oral health which in turn has translated into improved oral health outcomes for pregnant women (George et al., 2016).

Despite current recommendations regarding oral health care in the cardiac setting (Bouchard et al., 2010; Friedewald et al., 2009; Tonetti & Dyke, 2013) there has been limited research focussing on current practices in this area. To our knowledge, no study has explored the views of cardiac care providers towards oral health

promotion among patients with CVD. This view is further supported by a recent scoping review which highlighted the need for further research to define the role of cardiac care providers in oral health care (Sanchez, Everett, Salamonson, Ajwani, George, 2017). Gaining further knowledge in this area would greatly assist in shaping future preventative oral health programs in the cardiac care setting.

2. The study

2.1. Aim

The aim of this study was to explore current perceptions, knowledge and practices of cardiac care providers regarding oral health. The research questions are as follows:

- What are the experiences of cardiac care providers regarding oral health of patients with CVD?
- How knowledgeable are cardiac care providers about oral health and its potential impact on cardiovascular outcomes?
- What oral health practices are being undertaken by cardiac care providers during clinical practice?
- What are the perceptions of cardiac care providers about providing oral health education, assessment and referrals to patients with CVD?

3. Methods

3.1. Design

A qualitative needs assessment was undertaken to answer the research questions

3.2. Sampling and recruitment

Purposive sampling was used to recruit cardiac care providers and invite them to participate in either a focus group or telephone interview. Recruitment for the focus groups was achieved by distributing information about the project to potential participants via managers, educators and cardiac rehabilitation coordinators in both inpatient and outpatient cardiac units at four large metropolitan hospitals in Sydney, Australia. The selected hospitals were located in both the affluent and disadvantaged areas of Sydney. Recruitment for the telephone interviews was achieved by inviting cardiac care nurses who were attending a national cardiovascular nursing conference in Australia. At the conference the lead researcher had a stall with information about the project and other oral health information. Conference attendees were invited to approach the stall for further information and/or if they were interested in taking part in the study. Those who expressed interest in participating provided their consent and a convenient time for the telephone interview.

3.3. Data collection

Four focus groups were conducted by experienced interviewers (PS, SA, AG) at a mutually convenient time and place for participants. Focus groups were selected as a method of data collection with cardiac care providers of the four metropolitan hospitals to obtain the group's broad range of information, perceptions and opinions. This method also facilitated easy access to the clinicians as a group due to their time constraints. In addition, eight telephone interviews were conducted by an experienced interviewer (PS). Interviews were undertaken until data saturation was reached. Telephone interviews were a practical and convenient method to obtain data from the different cardiac settings across

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