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Oral Care Practice by Visiting Nurses in Japan

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Abstract

It has been noted that the rate of oral care practice by home health care nurses is lower than that of excretory care in Japan. Disparities in oral care practice by home health care nurses and their collaboration with dentists exist at their discretion. This study examines the current status of oral care practice by home health care nurses and the determinants of oral care practice. Oral care was practiced more often with older patients, in the care level of 4/5 (the higher the number, the more severe the care requirement in cerebrovascular disease patients, and with patients who used ventilators. Factors that influenced home health care nurses' discretion to practice oral care were assessment Implementation, use of a tongue brush, working with physical therapists, and age.

Keywords

Oral care practice; Home health care nurses; Visiting nurses; Oral care

Introduction

In Japan, nurses and other professionals visit people of all ages at home to provide nursing care for them so that they can live in the community and do not need to hospitalized. The services include observation of the patient's condition, home care, consultation and guidance on medication, and medical treatment under the doctor's orders. However, it is up to the nurse to decide whether or not to provide oral care.

Oral flail is one of the leading causes of death in the elderly, and is associated with pneumonia and dysphagia [1-3] sarcopenia [4] and dementia [5]. It has also been reported that older adults who receive proper oral care have a better quality of life [6]. Therefore, it is extremely important to implement oral care.

Objective

To investigate the current status of oral care practices by home health care nurses and examine the determinants of oral care practices.

Methods and Analysis

Of all home health care station offices (11,618) in Japan, 1,000 randomly selected offices were requested to complete a survey, and all home health care nurses who answered and returned the questionnaire were included in this study.

Rates of oral care practice by home health care station, nurse demographics, age or developmental stage of patients, level of care, disease and treatment status were calculated. Multiple regression analyses were conducted for factors that correlated with the level of oral care practice. Significance levels were set at less than 5%.

Result

Oral care was practiced more often with older patients, in the care level of 4/5 (the higher the number, the more severe the care requirement in cerebrovascular disease patients, and with patients who used ventilators. Factors for oral care practice are assessment implementation, use of a tongue brush, and working with physical therapists, and age (Table 1 and 2).

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		Rates of practice (always and sometimes) (%)	Always (90~100%) n (%)	Sometimes (50~90%) n (%)	Seldom (10~50%) n (%)	rarely (10%<) n (%)	Oral care Implementation Level Mean	SD
Developmental stage	Childhood	42.1	13 (22.8)	11 (19.3)	9 (15.8)	24 (42.1)	2.23	1.225
	Adulthood	38.4	18 (13.0)	35 (25.4)	31 (22.5)	54 (39.1)	2.12	1.077
	Old Age	75.0	49 (25.5)	95 (49.5)	30 (15.6)	18 (9.4)	2.91	0.885
Level of care	support-Required 1/2	18.5	9 (5.4)	22 (13.1)	33 (19.6)	104 (61.9)	1.62	0.908
	long-term care level 1-3	42.5	19 (10.5)	58 (32.0)	57 (31.5)	47 (26.0)	2.27	0.965
	long-term care level 4/5	84.2	80 (42.1)	80 (42.1)	18 (9.5)	12 (6.3)	3.20	0.856
Disease	cancer	67.9	34 (19.9)	82 (48.0)	35 (20.5)	20 (11.7)	2.76	0.905
	cerebrovascular disease	74.5	46 (25.6)	88 (48.9)	25 (13.9)	21 (11.7)	2.88	0.923
	incurable diseases	66.7	50 (30.9)	58 (35.8)	26 (16.0)	28 (17.3)	2.80	1.062
	mental illness	26.7	11 (9.2)	21 (17.5)	32 (26.7)	56 (46.7)	1.89	1.002
	dementia	64.5	31 (16.7)	89 (47.8)	32 (17.2)	34 (18.3)	2.63	0.968
Treatment status	tube feeding	81.5	90 (57.3)	38 (24.2)	14 (8.9)	15 (9.6)	3.29	0.982
	ventilators	78.9	51 (56.7)	20 (22.2)	8 (8.9)	11 (12.2)	3.23	1.050
	tracheotomy	71.7	48 (42.5)	33 (29.2)	11 (9.7)	21 (18.6)	2.96	1.129

Table 1: Status of oral care practices

	nonstandardized coefficient		standardized coefficient			
explanatory variables	B	SE	β	t value	p value	VIF
Assessment Implementation	0.533	0.055	0.541	9.659	<0.001	1.243
Use of a tongue brush	0.142	0.040	0.201	3.586	<0.001	1.240
Working with physical therapists	0.137	0.042	0.168	3.246	0.001	1.057
Age	0.014	0.005	0.147	2.923	0.004	1.009

ANOVA p<0.001 R:0.735 R2:0.541 Adjusted R2:0.531

Table 2: Multiple regression analysis of oral care implementation factors

Conclusion

1. Japanese home health care nurses provided oral care to patients with high medical needs, such as cancer, cerebrovascular disease, intractable disease, dementia, old age patients, care level 4 and 5, and treatment conditions such as tube feeding, ventilator, and tracheostomy.
2. Factors that influenced home health care nurses' discretion to practice oral care were assessment Implementation, use of a tongue brush, working with physical therapists, and age.

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