



Παραλείψεις στη νοσηλευτική φροντίδα σχετιζόμενες με τη στοματική υγιεινή εσωτερικών ασθενών: έρευνα με τη χρήση ομάδων εστιασμένης συζήτησης

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ΠΕΡΙΛΗΨΗ

Εισαγωγή: Η στοματική υγιεινή θεωρείται σημαντική παράμετρος της ευεξίας του ανθρώπου. Η κακή στοματική υγιεινή, έχει αρνητικό αντίκτυπο στη συνολική υγεία του ανθρώπου, συμβάλλοντας στην εμφάνιση άλλων ασθενειών. Έχει τεκμηριωθεί ότι οι νοσηλευτές καθυστερούν ή παραμελούν την παροχή φροντίδας της στοματικής κοιλότητας σε νοσηλεύομενους ασθενείς, γεγονός που οδηγεί σε ανεπιθύμητα συμβάντα.

Σκοπός: Η κατανόηση των αντιλήψεων των νοσηλευτών σε σχέση με τη στοματική υγιεινή και των απόψεων τους σε σχέση με τους τρόπους πρόληψης του φαινομένου των παραλείψεων.

Μέθοδος: Τέσσερις ομάδες εστιασμένης συζήτησης (n=30) οργανώθηκαν. Νοσηλευτές από τμήματα παθολογικής και χειρουργικής κατεύθυνσης, προερχόμενοι από 3 γενικά νοσοκομεία, συμμετείχαν στις συζητήσεις, τον Ιούνιο του 2019. Οι συζητήσεις, συντονίστηκαν από έμπειρο συντονιστή και χρησιμοποιήθηκε ημι-δομημένος κατάλογος ερωτήσεων. Τα δεδομένα αναλύθηκαν μέσω θεματικής ανάλυσης.

Αποτελέσματα: Τα αποτελέσματα επιβεβαίωσαν ότι η παροχή στοματικής φροντίδας συχνά παραλείπεται από τους νοσηλευτές. Τα εμπόδια παροχής στοματικής φροντίδας και οι παράγοντες που διευκολύνουν την παροχή στοματικής φροντίδας, χωρίστηκαν σε τέσσερις κατηγορίες, οι οποίες περιλαμβάνουν τα χαρακτηριστικά των ασθενών, τις γνώσεις των νοσηλευτών, τις δεξιότητες καθώς και το εργασιακό νοσηλευτικό περιβάλλον.

Συμπεράσματα: Εφόσον διαπιστώνονται εμπόδια στην παροχή στοματικής φροντίδας αλλά και παράγοντες που τη διευκολύνουν, γίνεται εισήγηση επικέντρωσης σε εκείνους τους παράγοντες που μπορούν να συμβάλουν στη βελτίωση της παροχής στοματικής φροντίδας, αφού συμβάλλει θετικά στη ικανοποίηση των ασθενών αλλά και στη γενικότερη τους υγεία.

Λέξεις Κλειδιά: Αντιλήψεις, νοσηλευτική γνώση, νοσηλευτική πρακτική, ασθενείς, παραλείψεις, στοματική υγιεινή.

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Missed nursing care related to in-patient oral care: a focus group study

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Introduction: Oral health is considered essential for individuals' well-being. Poor oral health has a negative impact on overall human health while contributing and predisposing to other diseases. It has been documented that nurses delay or omit oral care of hospitalized patients resulting in increased risk and vulnerability to adverse events.

Aim: To gain an in-depth understanding on how nurses perceive oral care and their views on how the phenomenon of missed oral care can be prevented.

Methods: Four focus groups were organized (n=30) to explore the issue under study. Nurses working in medical and surgical departments in 3 acute care hospitals participated in June 2019. The discussions were coordinated by an independent moderator, using a semi structured interview guide. Data were analyzed through a thematic analysis.

Findings: The findings confirm that oral care of hospitalized patients is often omitted and is not acknowledged as an important patient need. The barriers and facilitators that affect oral care positively or negatively were divided into themes that include patient characteristics, nurses' knowledge, and skills, and as well as the nurse work environment.

Conclusions: Since barriers and facilitators exist, it recommended that nurses could focus on those aspects that will improve oral health care since it contributes to the enhancement of patient satisfaction and wellbeing.

Keywords: Missed nursing care, perceptions, nursing practice, nursing knowledge, oral care, hospitalized patients.

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INTRODUCTION

Missed nursing care has been widely explored in the nursing literature¹⁻³. A consensus on the terminology has not been established as other terms including unfinished nursing care, rationing and implicit rationing⁴ are used interchangeably. Despite the lack of an acceptable term, the phenomenon of missed nursing care is defined as the failure of nurses to provide all necessary care⁵. As a result, the safety of the patients is compromised⁶.

Oral care has been one of the components of nursing care reported to be neglected more often by nurses as it is considered of low priority or importance², despite evidence contradicting this belief⁷. Poor oral hygiene may lead to severe oral diseases and has a negative impact on the quality of care of hospitalized patients^{8,9}, contributing to the

establishment of low patient satisfaction from the nursing services.

The aim of this study was to gain an in-depth understanding on how nurses perceive oral care and their view on how the phenomenon of missed oral care can be prevented.

METHODS

A qualitative approach was followed, by organizing four focus group discussions. It was anticipated that focus groups would give the opportunity to nurses to express their opinions and feelings in a more safe and non-blaming environment¹⁰. A purposive sample of 30 nurses participated. Inclusion criteria were willingness to participate and over two years of working experience. Discussions were organized in June 2019 and moderated by an experienced facilitator. A semi structured interview guide was used to assist

the discussions (table 1). Mean duration of the discussions was 63 minutes. Discussions were tape-recorded.

Ethical considerations

The study was approved by the local National Bioethics Committee.

Data analysis

Data were transcribed verbatim. Thematic analysis was performed by three investigators (GE, PL and MC) according to Krueger and Casey guidelines¹⁰. This included locating and coding words and phrases relevant to the aims of the study.

RESULTS

The importance of oral health care for in-patients

The positive impact on patients' health

Most of the participants supported that oral care has a positive effect on hospitalized patients. A nurse said: *"You feel cheerful when your mouth is clean the patients tell us: now I feel better, now I feel like human..."*. Oral hygiene helps to increase the patient's confidence and satisfaction" added another nurse. In addition, a nurse working in an orthopedic department, where patients are very often confined to bed, argued that *"... it helps the patient's psychology when he/she has a clean mouth..."*.

The negative impact on patients' health when oral care is neglected

Throughout the discussions, nurses suggested that adverse events may arise when patients' oral health care is neglected. It was supported by a nurse that: *"By neglecting oral health care, especially among oncology patients, contributes to the development of unpleasant conditions, like mouth ulcers."* Furthermore, another nurse argued that *bad oral health care is "...associated with other more serious diseases and it may affect other organs... even may cause endocarditis"*. In addition, the patients' medical history and the reason of their admission to hospital are of great importance in relation to oral care. It was argued by a nurse working in an ICU: *"For people who are critically ill, neglecting oral health care may also cause further adverse events such as respiratory infections"*. Another oncology nurse said: *"oral hygiene is very important for immunosuppressed patients ... when they have oral mucositis, they may present oral cavity's bleeding which it is a very serious side effect for such population..."*

Impact on nurses and health care system when oral care is neglected

It was argued that when neglecting oral health care, patients may need additional health care due to adverse events. It was further supported that these adverse events add burden to the already heavy workload nurses experience during their daily clinical practice

and may have a negative contribution on the quality of care provided and the health care system in general. A nurse stated: *“Neglecting oral health care will increase the cost of hospitalization... when the length of hospitalization increases, the costs increase as well”*. Another nurse stated: *“... and our work is burdened... due to complications deriving from poor oral hygiene, the patient stays longer in hospital, in-hospital infections increase, and of course our work.... this is because we do not pay much attention to oral care and the consequences of its negligence ...”*

Provision of oral care by nurses

It was argued in this study that in most nursing departments, oral care is largely neglected. One of the participants suggested that oral care is not a procedure that nurses set as a priority during clinical practice: *“I think oral health care is much neglected.... we do not pay emphasis as we consider other processes more important....”* (nurse working in ICU). Most of the nurses agreed that patients' characteristics are of great importance: *“We neglect them many patients who can move, can take care of themselves and of their oral care, however, patients who are bedridden or elderly, do not always receive adequate attention”* a nurse reported. Furthermore, another nurse working in a hematology department said *“In my department, oral care is thoroughly performed due to the immunosuppression of patients, but from my*

previous experience in some other wards, the proportion of oral care left undone, was very high...” Additionally, a junior female nurse said: *“I remember when I was a student in a medical department, I used to take care of the oral cavity every day with my teacher while the staff did not use to take care of the oral cavity at all ... today we confront the same situation most of the time...”*

Nurse managers participating in this study reported that their staff encourages mobile patients to perform their own oral care. In patients who are bedrest, oral care is applied in some cases by nurses. They mentioned that sometimes oral care cannot be carried out in the proper way because of the patients' general condition. One nurse manager argued: *“In my ward, it is a priority.... we are dealing with patients with leukemia, so when a patient is on therapy, one of the first things we explain to him/her is the importance of oral health care and that is required to be performed at least three times a day.”* He added that

“..... the care of our patients depends entirely on us ...there is a written guideline in the monitoring system reminding nursing staff that every 6 hours, oral health care should be performed, with the use of an antiseptic oral solution and specific sponges”,

Barriers and facilitators regarding the provision of oral care

The barriers and facilitators that affect oral health care positively or negatively were

divided into three themes, representing the contributing areas largely contributing to the provision of oral care or the maintenance of good oral hygiene: patients, nurses, and work environment.

Barriers

Patients

One of the factors that nurses reported as a barrier for providing oral health care was the patients' general condition. A participant argued: *"The severity of the patient is very important ... if my patient is in danger and I have to act immediately, I will not pay attention to the oral health care ..."*. It was also stated: *"It does not immediately threatens the patient's life, even though it can cause long-term problems ... we leave it behind"*.

Another barrier that emerged through the present study was the patients' desire but also the effective cooperation between nurses and them. Patients sometimes refuse to accept either to perform or to receive oral health care, for reasons often beyond the control of nurses. A nurse mentioned: *"But also, the patient himself ... if he does not cooperate, we cannot perform oral health care..."*. Another nurse supported: *"...Well, the patient may not want it...we cannot force him to accept oral hygiene"*. Finally, mental illness was also reported as a barrier: *"Psychiatric patients have many issues with oral care this population cannot fully comply or co-operate effectively"*, a young nurse said.

Nurses

It was argued that nurses' knowledge, attitudes, and skills play an important role in the implementation of oral hygiene. Nurses participating in this study said: *"Our culture doesn't allow us to perform proper oral health care..."* and *"it doesn't look so dirty ... for example, we will choose to change the sheets because they look dirty"*. Additionally, a young nurse said that: *"nurses are bored to deal with it ... some of them feel disgusted with this intervention"*. Finally, a male senior nurse reported that: *"There is a lack of knowledge about the consequences of oral health care negligence"*.

Work environment

The participants supported that heavy workload, nurse managers' beliefs and support, attitudes and guidelines are important reasons that lead nurses provide or not health care to their patients. One nurse commented: *"We cannot take care of the patients properly... it is a matter of time... it is a matter of priorities because some other jobs have to be completed"*. Another nurse, supported the above opinion, adding that: *"Workload is the first factor that prohibits us from applying oral health care..."*

Work documentation is another one of the barriers that nurses believe it serves negatively to the provision of oral health care. A surgical nurse mentioned: *"You do not need to document that this is being done.... When*

there isn't any support from the nurse manager that should be done, it is neglected".

Furthermore, another nurse argued: ...
"There are no guidelines on how to take care of the oral cavity..."

Facilitators

Nurses involved in the current research emphasized that there are important factors that could positively contribute to the systematic care of the oral cavity in hospitalized patients. The main issues that arose concern again nurses, patients and work environment.

Patients

An important facilitator of oral care that nurses suggested is the role of patients during their stay in hospital. Most of them believe that there is a need to raise awareness among themselves and their relatives about oral hygiene and its importance. Some suggestions derived from their words:

"We must encourage the individual to become aware..."

"It will be very helpful our involvement in educating people about oral hygiene..."

"..By stimulating and engaging the family in oral hygiene."

Nurses

Nurses play a crucial role in the oral care of hospitalized patients, and this was confirmed by all nurses who took part in the four focus

groups. Very interesting were the words of a nurse with many years of experience: "I only want to say three words: conscientiousness, enough time and holistic nursing care....". Suggestions on standard procedures so that interventions like oral hygiene not to be forgotten has been a big part of the discussions between the groups. It was stated: *"It is good to have a protocol for oral care and be signed by the nurse every time he/she follows it..". And "If we had something like a check list, it would be very helpful during our daily routine.."*

Another topic, much discussed was the development of seminars and specific oral care training. This could improve nurses' knowledge but also make them aware of the importance of oral care.

"Our organizations have to carry out lectures in relation to the importance of oral hygiene both to health care professionals and to public..." a young female nurse said.

Furthermore, one other male nurse said: *"We need to attend some seminars....it will help us to remember the right procedures in the context of professional development..."*.

Work environment

The role of the nurse manager was described to be crucial to the universal implementation of oral care. Nurses' suggestions focus on nurses' managers' frequent auditing of nurses: *"Nurse managers must incorporate*



oral care into our daily practice. If they decide and insist on its implementation, then we will try to apply oral care...” Another nurse stated: *“Nurse managers must supervise staff frequently. If they persist, then we will start to apply oral care more systematically”*

The availability of equipment/consumables was described to act positively on effective oral care for in-patients. A nurse working in a medical department said: *“Sometimes we don’t have enough consumables. Staff who are responsible for this, must order supplies promptly, otherwise we can’t work effectively...”*

Both oral and written information and education about oral care to patients, nurses, and family was another important suggestion: *“Oral care must be performed based on the latest guidelines. We must participate in courses to refresh our knowledge....”* was pointed out by a young male nurse. Another said: *“By publishing booklets regarding oral care for each population.... this will help raise awareness...”* Another suggested: *“Printed instructions to patients on admission and discharge ...in this way patients will remember it”.*

On the other hand, nurse managers agreed that the implementation of oral care depends on the number of hospitalized patients and the workload, the number of nurses on duty,

and the priorities set during a shift. They also confirmed that there are relevant guidelines on oral care, and they report that their supervision will help nurses not to omit the oral care of their patients: *“We cannot apply oral care for all patients ... it is impossible because we usually are understaffed, and we have to set some priorities because of the workload...”* and *“We set priorities and unfortunately some things are left behind ... one of them is oral care, to be honest...”*

DISCUSSION

The impact of missed nursing care on patient outcomes has been already demonstrated^{11,12}. One of the elements usually missed is oral care². Although almost all literature agrees that oral care is frequently omitted, there are no studies exploring the reasons why nurses give low priority to it.

Nurses’ perceptions on the importance of oral care

The participants in this study acknowledged the importance of oral care. However, it was acknowledged that oral care is not a priority for nurses and is frequently missed. Although it was supported by the participants that oral care should become a routine part of nursing practice, it was reported that it is provided as a routine, only in a small number of departments such as oncology and intensive care units, due to the condition of the patients. Literature confirms that the provision of oral

care as a routine in these department is important since it improves the patient outcomes¹³, however there is a need for further implementing oral care to all patients that are in need.

Health care systems have also a benefit to gain by the implementation, as a routine of oral care to hospitalized patients. As the participants suggested, less adverse events will be present, therefore allowing for less resources needed to be allocated. Current literature supports the above report as many events may be prevented¹⁴, which in other cases could lead to the need of prolonging hospitalization with negative effect on the health system in general e.g., bed capacity.

Barriers for the provision of oral care

The participants reported barriers and facilitators that play an important role in oral care provision. This information may be used by front line nurses and ward managers to address the phenomenon of missed nursing care related to oral health.

Factors described by the participants as barriers to the provision of oral care to patients include patient characteristics, nurses' knowledge, attitudes, and skills, and work environment.

Patient characteristics

Patients should always be treated with dignity¹⁵. Unfortunately, some personal characteristics of the patients put them in a vulnerable position. It has been described

that the elderly or people with dementia are among the groups that are frequently left without proper care when hospitalized^{16,17}. Contrary to ethical codes (e.g., International Council of Nurses - ICN, Code of Ethics), nurses may discriminate and provide care based on factors that violate basic ethical principles. The participants in this study argued that oral care is frequently missed, particularly when specific groups of patients like the elderly are hospitalized. As these groups may feel vulnerable when hospitalized, it is difficult for them to even ask for such care to be provided or to report such incidences. Nurses, as advocates of the rights of the patients¹⁸ are the most appropriate group among health care providers to support patients' dignity by addressing any phenomenon of violation of their right to be equally and fully treated. Missed care can be a form of violation of patient dignity, therefore nurses should be supported in addressing this. Focusing on oral care, front line nurses and ward managers need to understand that it cannot be considered as optional, since it contributes to the well-being of the patients.

Nurses' knowledge and skills

The participants in this study acknowledged that the impact of missed care related to oral care is not valued on behalf of nurses, supporting previous findings. Reviews on care rationing¹⁹ showed that nurses set priority to the biomedical aspects of care and treatment



over basic nursing tasks that are considered as less specialized and where the impact is not immediately apparent. Missed oral care cannot be instantly and directly linked to patient outcomes and this is a possible explanation of delays or omissions, especially in a highly complicated and busy ward environment.

The findings of the present study support that the benefits that proper oral care has to offer to the patients are not recognized by nurses and this may be due to lack of appropriate knowledge, training, or skills. The reason for this could be the fact that nurses were not trained on oral care or were not supported to understand the importance of oral care to patients. Based on the above report, it could be suggested that the topic of oral care could receive higher attention during the training of nursing students or during the training of nurses as part of their continuous professional development (CPD). In this way, it could be expected that missed care related to oral care will be reduced.

Work environment

The participants in this study argued that the work environment plays an important role regarding the provision of nursing care. Previous studies suggested that the nurse work environment is a major contributing factor related to job satisfaction and patient outcomes²⁰. Ward and hospital managers are in the best position to safeguard a caring

environment that is supportive and motivating for nurses to work for the benefit of patients.

Nurses need also to be able to work in a pleasant and supportive environment in terms of facilities and equipment, supplied to them in reasonable quantities to allow them to perform their duties properly. The participants in this study reported that heavy workload is one of the major factors that may compromise the provision of oral care. This is in line with Pai et al.²¹ who reported that paperwork, low staffing, and different practices were major barriers to the provision of oral care. The participants in the current study supported previous findings reporting that the availability of appropriate supplies may also affect the provision of oral care in inpatients¹⁹. It could therefore be argued that the provision of appropriate equipment in terms of quantity but also quality, may contribute to minimizing the phenomenon of missed care related to oral care, as nurses will be fully equipped to perform this task. In addition, nurse managers could support front line nurses to be close to patients through better work allocation or proper staffing. In this way, the time management of nurses could be improved to facilitate them to deal better with paper documentation and bed side nursing.

Facilitators for the provision of oral care

Factors that facilitate the provision of oral care can be categorized within three groups: patient-related factors, nurse-related factors, and nurse work environment

Patients

The participants supported that patients should be informed about the importance of oral care and be encouraged to participate in the procedure as much as possible. There is considerable evidence indicating that the participation of patients in their care has positive effects on their outcomes^{22,23}. Going beyond hospitalization, the importance of oral care can be part of a campaign among the population which could emphasize on its benefits. In hospital setting, leaving behind paternalistic practices, for example the nurse knows better than the patient, the latest could be involved in the development of nursing care plans, which will facilitate the provision of care in a respectful and dignified manner²⁴. In the case of oral care, patients need to be educated by nurses regarding its importance and how it may contribute to their outcomes. In this way, patients will be part of their care since they will be willing to perform oral care to themselves if possible or ask for such care in the case of being omitted.

Nurses

Nurses are advocates of patients¹⁸ and as such they play an important part in the provision of holistic care for patients. It could be argued that driven by ethical standards, nurses are

facilitated to provide oral care to patients as they acknowledge its importance and their obligation to patients to provide full and comprehensive care.

Work environment

The participants in the study stressed out that the importance of nursing guidelines or protocols that would include oral care, would facilitate the provision of such care to the patients. They indicated the absence of such guidelines or protocols, which is in line with previous studies²⁵, a fact that may lead to oral care being missed. Although oral care is included in nursing basic training programmes, nurses tend to consider it of lower importance. Therefore, the development of protocols and guidelines that would include oral care could play an important role in putting oral care into daily practice. This may be supported by appropriate supervision and audit on behalf of ward nurse managers, as the latest are among the key players in addressing missed care⁶. A supportive work environment at any level would allow nurses to incorporate oral care in their daily clinical practice. Sufficient staffing accompanied with sufficient supply of equipment and consumables (e.g., toothbrushes) is of paramount importance. In addition, continuous training on care, including oral care can also serve as a facilitator. Therefore, those involved in CPD programmes (e.g., at the ministerial level,

scientific associations), need to emphasize on the importance of all aspects of care, including oral care.

Limitations

Generalizability of the findings of this study should be made with caution since it employed a qualitative approach.

CONCLUSIONS

This study demonstrated that oral care is often omitted by nurses and that there are factors that contribute negatively or positively to its provision. These factors focus on the patients' condition and their characteristics, the knowledge and perceptions of the nurses' and the nurse work environment. Continuous professional development has a significant role to play in raising awareness on oral care. Special training could also be provided to hospitalized patients. This effort by all involved, may lead to improvement of the health care of patients' status to minimize side effects during their hospitalization.

REFERENCES

1. Willis E, Zelenikova R, Bail K, Papastavrou E. The globalization of missed nursing care terminology. *Int J Nurs Pract.* 2021;27(1):e12859.

2. Blackman I, Papastavrou E, Palese A, Vryonides S, Henderson J, Willis E. Predicting variations to missed nursing care: A three-nation comparison. *J Nurs*

Manag. 2018;26(1):33-41.

3. Jones TL, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *Int J Nurs Stud.* 2015;52(6):1121-37.

4. Zeleníková R, Drach-Zahavy A, Gurková E, Papastavrou E; RANCARE Consortium COST. Understanding the concept of missed nursing care from a cross-cultural perspective. *J Adv Nurs.* 2019;75(11):2995-3005.

5. Palese A, Bassi E, Tommasini C, Vesca R, Di Falco A, De Lucia P, Mulloni G, Paoletti F, Rissolo R, Sist L, Sanson G, Guardini I, Bressan V, Mesaglio M, Papastavrou E, Blackman I. Developing policies and actions in response to missed nursing care: A consensus process. *J Nurs Manag.* 2019;27(7):1492-1504.

6. Longhini J, Papastavrou E, Efstathiou G, Andreou P, Stemmer R, Ströhm C, Schubert M, de Wolf-Linder S, Palese A. Strategies to prevent missed nursing care: An international qualitative study based upon a positive deviance approach. *J Nurs Manag.* 2021;29(3):572-583.

7. Munro S, Baker D. Reducing missed oral care opportunities to prevent non-ventilator associated hospital acquired pneumonia at the Department of Veterans Affairs. *Appl Nurs Res.* 2018;44:48-53.

8. Lee YJ, Noh HJ, Han SY, Jeon HS, Chung WG, Mub SJ. Oral health care provided by nurses

- for hospitalized patients in Korea. *International J Dent Hyg.* 2019 17(4): 336-342
9. Murray J, Scholten I. An oral hygiene protocol improves oral health for patients in inpatient stroke rehabilitation. *Gerodontology.* 2018;35(1):18-24.
10. Krueger R and Casey MA. *Focus Groups: A Practical Guide for Applied Research.* 2015; Sage, Los Angeles.
11. Hessels AJ, Paliwal M, Weaver SH, Siddiqui D, Wurmser TA. Impact of Patient Safety Culture on Missed Nursing Care and Adverse Patient Events. *J Nurs Care Qual.* 2019;34(4):287-294.
12. Recio-Saucedo A, Dall'Ora C, Maruotti A, et al. What impact does nursing care left undone have on patient outcomes? Review of the literature. *J Clin Nurs.* 2018;27(11-12):2248-2259.
13. Choi ES, Noh HJ, Chung WG, Mun SJ. Development of a competency for professional oral hygiene care of endotracheally-intubated patients in the intensive care unit: development and validity evidence. *BMC Health Serv Res.* 2021;21(1):748.
14. Zhao T, Wu X, Zhang Q, Li C, Worthington HV, Hua F. Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia. *Cochrane Database Syst Rev.* 2020;12(12):CD008367
15. Asmaningrum N, Kurniawati D, Tsai YF. Threats to patient dignity in clinical care settings: A qualitative comparison of Indonesian nurses and patients. *J Clin Nurs.* 2020 Mar;29(5-6):899-908. doi: 10.1111/jocn.15144. Epub 2020 Jan 6. PMID: 31855306.
16. Yagmour SM. Impact of settings and culture on nurses' knowledge of and attitudes and perceptions towards people with dementia: An integrative literature review. *Nurs Open.* 2022;9(1):66-93.
17. Evripidou M, Merkouris A, Charalambous A, Papastavrou E. Implementation of a training program to increase knowledge, improve attitudes and reduce nursing care omissions towards patients with dementia in hospital settings: a mixed-method study protocol. *BMJ Open.* 2019;9(7):e030459.
18. ICN. *The ICN Code of Ethics.* 2021; ICN, Geneva
19. Papastavrou E, Andreou P, Efstathiou G. Rationing of nursing care and nurse-patient outcomes: a systematic review of quantitative studies. *Int J Health Plann Manage.* 2014;29(1):3-25.
20. Lake ET, French R, O'Rourke K, Sanders J, Srinivas SK. Linking the work environment to missed nursing care in labour and delivery. *J Nurs Manag.* 2020;28(8):1901-1908.
21. Pai RR, Ongole R, Banerjee S. Oral care in cancer nursing: Practice and barriers. *Indian J Dent Res.* 2019 Mar-Apr;30(2):226-230. doi:



- 10.4103/ijdr.IJDR_343_17. PMID: 31169154.
22. Lindblom S, Flink M, Elf M, Laska AC, von Koch L, Ytterberg C. The manifestation of participation within a co-design process involving patients, significant others and health-care professionals. *Health Expect.* 2021;24(3):905-916
23. Atakro CA, Armah E, Atakro A, et al. Patient Participation in Nursing Care: Views From Ghanaian Nurses, Nursing Students, and Patients. *SAGE Open Nurs.* 2019;5:2377960819880761.
24. Hemberg J, Hemberg H. Ethical competence in a profession: Healthcare professionals' views. *Nurs Open.* 2020;7(4):1249-1259.
25. Dagnew ZA, Abraham IA, Beraki GG, Mittler S, Achila OO, Tesfamariam EH. Do nurses have barriers to quality oral care practice at a generalized hospital care in Asmara, Eritrea? A cross-sectional study. *BMC Oral Health.* 2020;20(1):149.

ANNEX

TABLE 1. Interview guide

Introductory statement

Oral care is part of nurses' duties when providing care to patients. We would like your thoughts regarding oral care, its importance, and if there are any barriers or facilitators regarding its provision. There are no right or wrong answers, you are free to express your thoughts.

Further questions/statements (to facilitate discussion, examples)

Think of the last time you performed oral care to a patient. What was his/her reaction during the process?

What would make it difficult for you to provide oral care to a bed-confined patient?

In your opinion, is oral care missed as a nursing practice?