Supplementary material

Supplement Table 1. Likelihood of undertaking oral care assessments in the UK and in Australia. Categories unsure, not applicable and no response have been omitted.

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|  | **UK n (%)** | **Australia n (%)** |
| Frequency of assessment | Likely | Unlikely | Likely | Unlikely |
| On admission to ward/unit | 109 (73) | 24 (16) | 68 (57) | 31 (26) |
| Every nursing shift | 83 (55) | 41 (27) | 38 (32) | 45 (38) |
| Daily | 97 (65) | 26 (17) | 57 (48) | 29 (24) |
| Weekly | 82 (55) | 23 (15) | 51 (43) | 23 (19) |
| As required or ad-hoc | 82 (55) | 17 (11) | 81 (68) | 9 (7.5) |
| On discharge | 26 (17) | 71 (47) | 13 (11) | 57 (48) |

Supplement Table 2. Patient factors reported to influence whether an oral care assessment was undertaken for the UK and Australia. Categories unsure and no response have been omitted.

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|  | **UK n (%)** | **Australia n (%)** |
| Patient factors | Likely | Unlikely | Likely | Unlikely |
| Unconsciousness | 136 (91) | 2 (1.3) | 102 (85) | 4 (3.3) |
| Cognitive impairment | 116 (77) | 15 (10) | 65 (54) | 27 (23) |
| Dysphagia | 139 (93) | 2 (1.3) | 108 (90) | 7 (5.8) |
| Facial weakness | 117 (78) | 14 (9.3) | 84 (70) | 15 (13) |
| Inattention/visual field problems | 96 (64) | 26 (17) | 39 (33) | 40 (33) |
| Physical impairment (upper limbs) | 113 (75) | 19 (13) | 63 (53) | 29 (24) |
| Physical impairment (lower limbs) | 62 (41) | 59 (39) | 20 (17) | 70 (58) |
| Aphasia | 98 (65) | 27 (18) | 80 (67) | 18 (15) |
| Dysarthria | 103 (69) | 22 (15) | 85 (71) | 14 (12) |
| Dehydrated | 131 (87) | 7 (4.7) | 79 (66) | 20 (17) |
| Malnourished | 120 (80) | 11 (7.3) | 77 (64) | 26 (22) |
| Poor dental health | 133 (89) | 8 (5.3) | 84 (70) | 19 (16) |
| Own teeth | 89 (59) | 32 (21) | 44 (37) | 48 (40) |
| Dentures | 117 (78) | 14 (9.3) | 71 (59) | 26 (22) |
| Patient’s poor motivation | 101 (67) | 21 (14) | 47 (39) | 41 (34) |
| Older age | 99 (66) | 19 (13) | 59 (49) | 31 (26) |
| Alert and able to self-manage | 49 (33) | 85 (57) | 22 (18) | 83 (69) |
| Nil by mouth | 143 (95) | 2 (1.3) | 100 (83) | 6 (5.0) |
| Oxygen therapy | 127 (85) | 10 (6.7) | 52 (43) | 37 (31) |
| Patient on medication that dries mouth | 109 (73) | 18 (12) | 59 (49) | 31 (26) |

Supplement Table 3: Staff factors, organisational factors and patient factors reported to influence oral care provision in the UK and Australia. Categories unsure and no response have been omitted.

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|  | **UK n (%)** | **Australia n (%)** |
|  | **Agree** | **Disagree** | **Agree** | **Disagree** |
| **Staff factors** |  |  |  |  |
| Staff shortages impact on staff capacity to deliver oral care. | 96 (64) | 47 (31) | 67 (56) | 38 (32) |
| Ward staff are too busy with other ward duties to conduct oral care. | 52 (35) | 87 (58) | 47 (39) | 50 (42) |
| Staff do not routinely document when oral care has been delivered to patients. | 63 (42) | 81 (54) | 91 (76) | 26 (22) |
| There is a lack of evidence to support oral health care after stroke. | 38 (25) | 88 (59) | 17 (14) | 74 (62) |
| Nurses lack confidence in delivering oral health care. | 40 (27) | 86 (57) | 25 (21) | 74 (62) |
| Oral care is perceived by nurses as less important than other aspects of patient care. | 49 (33) | 86 (57) | 59 (49) | 44 (37) |
| Nurses lack awareness about the health benefits of oral health. | 61 (41) | 76 (51) | 59 (49) | 48 (40) |
| I am satisfied with the level of oral care provided to patients in my ward/unit. | 64 (43) | 63 (42) | 38 (32) | 71 (59) |
| I am happy with the level of oral health education provided on my ward/unit. | 54 (36) | 78 (52) | 22 (18) | 82 (68) |
|  |  |  |  |  |
| **Organisational factors** |  |  |  |  |
| Oral care after stroke is a neglected area of practice | 73 (49) | 62 (41) | 74 (62) | 28 (23) |
| There is a lack of hospital and/or ward protocols on oral health care for patients after stroke. | 93 (62) | 43 (29) | 96 (80) | 13 (11) |
| No assessment tool is used on my unit/ward to guide oral care assessment. | 75 (50) | 69 (46) | 102 (85) | 12 (10) |
| There is a lack of equipment i.e. toothbrushes, mouth rinses, dental floss, suction, on my unit/ward. | 36 (34) | 105 (70) | 35 (29) | 79 (66) |
| Pre-registration education and training of nurses in oral health care provision is inadequate. | 95 (63) | 23 (15) | 64 (53) | 15 (13) |
| Post-registration education and training of nurses in oral health care is inadequate. | 95 (63) | 35 (23) | 77 (64) | 14 (12) |
| There is variability and inconsistency in oral health care provision. | 102 (68) | 31 (21) | 89 (74) | 12 (10) |
| Safety issues are a concern for staff and patients when undertaking oral health care i.e. aspiration. | 76 (51) | 52 (35) | 50 (42) | 44 (37) |
| There is a lack of access to specialist dental care at my hospital. | 106 (71) | 30 (20) | 87 (73) | 20 (17) |
| Carers/family members are encouraged to undertake oral health care. | 103 (69) | 38 (25) | 78 (65) | 29 (24) |
|  |  |  |  |  |
| **Patient factors** |  |  |  |  |
| It is difficult to provide oral care after stroke to patients with cognitive impairment. | 93 (62) | 49 (33) | 80 (67) | 28 (23) |
| Altered patient sensory perception is a barrier to oral care, i.e. hypersensitivity, pain, numbness. | 98 (65) | 36 (24) | 60 (50) | 44 (37) |
| Difficulties communicating with stroke patients when attempting to deliver oral care is a barrier | 87 (58) | 54 (36) | 64 (53) | 43 (36) |
| Stroke patients may have an altered sensation of thirst. | 103 (69) | 15 (10) | 82 (68) | 11 (9.2) |

Supplement Figure 1: Oral care products available in UK (left) and Australian (right) hospitals

