Oral Care Assistance at Private and Municipal Swedish Geriatric homes

- A Questionnaire survey

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ABSTRACT

Oral health among elderly people is commonly debated, and correlations between oral and general health are shown. The increase of life expectancy in our population causes changes in the need of oral health care. The requirements of performing the oral hygiene increase and cause higher demands on the staff working at the geriatric homes.

Both private and communal geriatric homes were included in this study. Two different questionnaires were distributed, one to nursing staff and one to staff managers. A geographical distribution to four big city's; Umeå, Stockholm, Göteborg and Malmö were selected.

The hypothesis is that the knowledge of the daily needs of oral care for elderly people among geriatric nursing staff and the manager, are insufficient and more education are needed. Results do not differ when comparing private and municipal management.

Nursing assistants indicated that their basic education included none or minor theoretical knowledge (61 %) and practical training in oral care (67 %). Part of the staff (30%) felt that they needed more education to help the residents with the daily oral care. Half of the staff members answered that they had not received any in-service education in oral health. The results did not differ comparing private and municipal geriatric homes.

Conclusions of this study are that it is common that caretakers in geriatric homes are in need of assistance when performing daily oral care. The staffs appear to be well aware of the fact that maintaining a good oral health is of big importance. More education about oral health are both wanted and needed.

INTRODUCTION

"Poor oral health makes people die younger" – This headline is one of many that have occurred recently in Swedish media pointing out the association between oral and general health (Radio Sweden, 2013). Oral health is debated and proved to affect quality of life (QoL) in all ages. QoL can be described in different ways and is very individual related. QoL in relation to oral health have been summarized in "eating, nutrition, social interaction, emotional and psychological function and various problems in the oral cavity" (Einarson *et al.*, 2009). A questionnaire study in Sweden found that entire 79 % of the participants (age range 20-80 years) had some kind of oral problems that affected their well-being and QoL (Einarson *et al.*, 2009). Healthy elderly people and elderly living independently have better oral status than elderly with poor general health and those living at geriatric homes (Loesche WJ *et al.*, 1995).

Oral health is also related to malnutrition and there is a strong relation between malnutrition and dysphagia. Elderly patients with dysphagia have great problems to get a complete daily intake of energy, even if they receive help from nurses (Poisson *et al.*, 2014).

Conditions as type 2 diabetes mellitus (Tsai C *et al.*, 2002), ischemic stroke (Lafon *et al.*, 2014), carotid atherosclerosis (Engebretson *et al.*, 2005) and pneumonia in elderly people are also related to problems in the oral cavity (Scannapieco *et al.*, 2003). Pneumonia infections is a common cause of death among old and frail people and it is estimated that one in 10 cases of death from pneumonia among elderly, living at nursing homes, could be avoided by improved oral hygiene. Oral cavity is considered as a reservoir for respiratory tract infections causing bacteria in elderly fragile patients. These patients often have problems to keep a good oral hygiene and are therefore more often contracting these kinds of infections (Sjögren *et al.*, 2008).

Good oral hygiene is important to reduce dental plaque. Dental plaque is highly associated with dental caries, gingivitis, periodontitis and other oral infections. Performing the daily oral hygiene is therefore of great importance and can be

difficult for the elderly. The difficulties are then transferred to the nursing staff when taking over the responsibility for daily hygiene (Forsell *et al.*, 2011).

Daily oral hygiene is also very important for denture wearers. It is well-known that these patients easily develop an inflammation of the mucosa, denture stomatitis and the risk of being affected by stomatitis and traumatic ulcerous in the oral cavity increases with poor oral hygiene (Baran and Nalcacı, 2009).

The increase of life expectancy in our population causes changes in the need of nursing care in general and oral health care especially. The number of people in the Swedish population who still has their natural teeth increases. Also, today it is common with advanced prosthetic restorations, like implants and fixed prosthodontics (Hugoson *et al.*, 2005). To maintain a good oral hygiene, this requires a different type of more advanced oral health care.

In a Swedish study the results showed that nursing home residents need assistance with the daily oral care. Entire 78% of the residents were assessed to need daily help but only 7 % archived assistance. The results were similar regardless the geographic area in Sweden (Forsell *et al.*, 2009). Nursing staff and caretakers have to cooperate when daily oral hygiene is to be performed. Sometimes it is hard because of resistance from the caretaker but also because the staffs think the work is unpleasant. Education programs in oral hygiene for the staff working at nursing homes improves the cooperation and makes the preforming of oral hygiene easier (Forsell *et al.*, 2010). It is also known that dental education for nurses improves the oral hygiene among the caretakers (Kullberg *et al.*, 2010). However, Sjögren *et al.* (2010) concluded that repeated educations for the staff were needed to maintain the good oral care results for the caretakers. They found that 18 months after the staff had an oral care education the caretakers' amount of plaque increased compared with immediately after the education.

In Sweden the elderly patients living at nursing homes are permitted an oral health assessment with recommendations of what dental care they need, once a year for free (Swedish law, 1998). During 2009 a new Swedish law enabled

that individuals could choose health care provider opening competitiveness in the health care procurement, oral care included (Swedish law, 2008). The market for health care changed and resulted, among others, that the quality of health care was questioned. For example the difference between private and municipal managed elderly nursing homes has been discussed, especially in Swedish media.

The aim of this study was to investigate the knowledge of oral care among nursing staff at geriatric homes and their daily oral care routines. Furthermore to find out what the manager do to facilitate for the staff in this subject and also to compare private and municipal management elderly nursing homes.

Our hypothesis: The knowledge of the daily needs of oral care for elderly people among geriatric nursing staff and the managers, are insufficient and more education are needed. Results do not differ when comparing private and municipal management.

MATERIALS AND METHODS

The Questionnaires

Two different questionnaires were proceeded, one to nursing staffs and one to staff managers at geriatric homes. The procedure included two pilot studies where the first were directed to people that did not have any nursing experience, the second included people in the suitable target group. Considering the results of the pilot studies two final questionnaires were designed. Focus in the questionnaire to the nursing staffs was the importance and performance of oral hygiene on the caretakers (attachment 1). The staff managers questionnaires were concentrated on priority of oral hygiene included staff education and work with dental authorities (attachment 2).

Participants

Both private and communal geriatric homes where included in the study. A geographical distribution where preferred and because of limited numbers of

private geriatric homes in Sweden, four bigger cities; Umeå, Stockholm, Göteborg and Malmö were selected. Lists of somatic geriatric homes where identified from each city's homepage on the Internet. The number of population aged 65 or older in the cities were compared according to the authority in Sweden which presenting statistics (Statistics Sweden SCB). As Umeå had the lowest number of private geriatric homes, all were included in the study. Number of private geriatric homes included from the other cities was settled after comparing the number of inhabitants, 65 years or older, in Umeå with the other cities. As there were a large amount of private geriatric homes in Stockholm, they were randomly selected.

The numbers of municipal geriatric homes were limited and made it impossible to use the population statistics for selection in that category. The numbers of geriatric homes were similar in each city and therefore all of the municipal geriatric homes were included (total numbers of geriatric homes: private 29, communal 63). A first reminder was sent to those that had not responded four weeks after the survey start, resulting in nine furthermore participants. A second reminder, seven weeks after the start, resulted in seven additional participating geriatric homes. Thus the total number became 15 private and 38 communal geriatric homes.

Every home was decoded and each questionnaire was marked with a number. The answers were anonymous except for the knowledge if there was a private or communal geriatric home.

Eight staff and one manager questionnaire were sent to each home with a reply envelope enclosed.

Data analyse

The data from the questionnaires were analysed using MS Excel 2010 (Windows 7 professional) and IBM SPSS Statistics 22. Data have been analysed by comparing percentages. Any statistical analyses have not been performed because of the small groups of participating individuals in each group.

Ethical considerations

The Ethics Forum at the Department of Odontology finds that appropriate ethics considerations have been integrated into this degree project. The protection of identity of the participants was essential. Therefore the questionnaires were encrypted and the participants were clearly informed that the participation was voluntary. It cannot be excluded that the nursing staffs might feel uncomfortable by questions about their knowledge about oral health. Also the managers might feel their work being questioned. The comparison between private and communal geriatric homes could also be an ethical dilemma.

Literature search

The literature was collected from the database PubMed to find relevant literature. The mesh-terms used were; questionnaire, geriatric home, oral care, oral hygiene, oral health, nursing, nursing home, nursing staff and Sweden. Literatures were limited to include Swedish studies that had been published between 2008-2014. These literatures referred to other older articles, of which some were included.

RESULTS

The total response frequency of the questionnaire was 68% (36/53). For private and communal geriatric nursing homes the frequency was 80% and 63% respectively and it was evenly distributed for three cities except for Gothenburg that had somewhat lower response frequency (50%).

The nursing staffs that responded had a mean age of 43 years (range 21 – 65 years) and were dominated by females (90.5%). The managers had a mean age of 50 years (range 26 – 64 years) and were also highly represented by females (88.6 %).

The mean number of years in the profession was 17 years (range 1 – 42 years) for the staff members, with difference for staff at communal (18 years) and

private (14 years) nursing homes. The managers had a mean number of 20 years (range 1–43 years) in the profession.

The staff members were mostly nursing assistants (76 %). Three (1.5%) of the responders were college-educated nurses and they were excluded in the study, as they are not performing the daily oral care of the caretakers.

The managers usually had some kind of college education (69 %), graduated as a social worker (29 %) or nurse (23 %). Many of the managers answered that they had obtained some kind of management education in their work.

All questions were not answered and one questionnaire from a manager was also missing (response rate 97 %).

It is obvious that it is very common that the caretakers need assistance from the staff to maintain the oral hygiene (98 %). According to the answers oral hygiene routine is usually preformed daily (98%) and often twice (74 %).

The staff members who were nursing assistants indicated that their basic education included none or minor theoretical knowledge (61 %) or practical training in oral care (67 %).

Part of the staff (30%) felt that they needed more education to help the residents with the daily oral care.

Half of the staff members answered that they had not received any in-service education in oral health, which differed from the managers' answers where 88% answered that the staff had in-service education. Among the staff the main reason was that no opportunity had been given at work (42 %) (Figure 1).

To find out what needs of oral care that every caretaker have, the staff members usually made an oral inspection, ask the caretaker and study the individual oral-care card (Figure 2). However, 48% of the staff said that they often or sometimes had problems to find out if the caretaker had their own teeth, dental implants, removable or fixed prosthetic constructions.

Most challenging for the staff to assist with the oral care was that the caretakers' diseases often limit the possibility to help but also lack of cooperation from the caretakers was a limitation (Figure 3).

A high proportion of the staff (79%) mentioned that they use other tools in addition to ordinary toothbrushes to accomplish the oral hygiene, for example interdental brushes and flossing tools but also different kinds of mouthwash and removable prosthetics cleaner (Figure 4).

To help the caretakers with daily oral hygiene seems to be of great importance for the staff (99%), whether the caretaker has teeth, fixed or removable prosthetics constructions.

The individual daily oral hygiene cards seem to be common at geriatric homes (88%) and are often placed in the caretaker's room, preferably in the bathroom. When oral hygiene cards exist, 76% of the responders reported that they were often used but 18 % reported that they did not know if they were continuously updated.

Most of the staff (89%) and all of the managers (100 %) said that the caretakers had been offered an oral health assessment.

Booth staff and managers reported that no one in the staff were specifically responsible for oral hygiene maintenance among the caretakers.

Almost all managers (93%) felt that cooperation with the staff responsible for the oral health assessments at the nursing home worked well.

Sixty-six percent of the managers responded that the home had a long-term plan for caretakers' oral health and in some cases the plan was well described.

Overall, there was no difference in results between private and municipal geriatric homes, except the earlier mentioned variance of years in profession.

DISCUSSION

The response frequency altogether has to be considered as high (68%). An acceptable response frequency is considered to be between 50 to 75% depending on field (Japec *et al.*, 1997). That Göteborg had the lowest participation of the four cities may be because they had the least number homes included after consent to participate in the study.

The difference in response frequency for private (80%) and communal (63%) geriatric nursing homes cannot be easily explained. However, private geriatric homes have been questioned in Swedish media and maybe this has put a pressure on these entrepreneurs to prove their fairness and efficiency. Also the organization may differ between communal and private actors, and influence to what degree managers reached out with the questionnaire to the staff.

Nursing staffs and managers were predominantly women. This was expected, as both are documented female-dominated profession (Statistics Sweden, 2014). The managers had a higher mean age and had also worked in the profession during more years than the staffs, explaining the difference in mean age. According to our results staff working in the municipal geriatric homes seemed to have more years of experience in the occupation. A most possible explanation is that private nursing homes only have been in operation in Sweden for the last six years (Swedish law, 2008) and may have employed younger staff with less years of experience.

The questionnaire to the staffs was aimed for permanently employees and the majority of the participants were educated nursing assistants. It is therefore possible to assume that the staffs have a nursing assistant education, regardless which city and if municipal or private geriatric home.

Virtually all staff answered that it is common that the caretakers needs assistance with the daily oral hygiene and often twice a day. A previous Swedish study where professional dental staff estimated caretaker's need of assistance with the daily oral care also showed that the majority (77.5 %) needed assistance, but only a very small group of caretakers (6.9%) actually

got it. The major reason for the big discrepancy in the results discussed in that study was inadequate education in oral -health and -hygiene for nursing assistants. Although the data were descriptive, they also found a geographical variation in the results. Stockholm County seemed to be performing less oral care compared with the Skåne Region and Västra Götaland Region (Forsell *et al.*, 2009). However, in present study the staffs are aware of the need of assistance and seem to perform it. It should be remembered, that the participating groups were smaller and there were not a survey, which included interviews and investigated if the oral hygiene really was performed practically. Furthermore, no geographical differences were stated in present study, contrary to that reported by Forsell *et al*. (2009). The previously mentioned fact with insufficient education for the nursing staff can be recognised in this survey. Most of the staffs stated that their nursing assistant education contained none or only little theoretical and practical knowledge in oral care. The education curriculums in Sweden for nursing assistants indicate that the education shall include such of knowledge in oral care (The Swedish National Agency for Education, 2013). The results of present study suggest that oral care does not seem a priority in the basic education programs. Reason for being a non-priority subject can be the fact that oral health has not been a highlighted subject until recently. A nursing education shall also include knowledge about all aspects of caring for elderly and probably it's hard to immerse in all subjects, the education is of course limited in time. Dental care is something that is separate from other health care in our society and may therefore easily be forgotten to be a part of the overall need of care. Hopefully the attention to the subject lately can be developing the nursing educations in oral health.

Some of the staff felt that they needed more education to be able to help the residents with the daily oral care, which corresponds with the results from previous studies (Forsell *et al.*, 2010), and especially to detect oral health problems at an early stage (Catteau C *et al.*, 2013).

Most of the managers in this study stated that the staffs have been offered in-service education. This is contradictory to the answers from the staffs that

replied that they had not received any additional education in oral care at work. No previous studies have been found that mention similar results. The difference may depend of various possible reasons. Comments from the staffs on the questionnaire imply that it has just been a few opportunities to attend the education, and this may be the reason why staffs and managers answer differ.

Nearly half of the staffs thought that it was hard to know what kind of dentures the elderly had. This also indicates that more education is needed, as different dentures need different kind of hygiene routines to maintain the oral cavity healthy. That more education for nursing staff is needed is consistent with the results from Forsell *et al.* (2010).

The multiple-choice question about how the staff knew the oral care needs required for the caretaker gave different combinations of answers. Most common were that they made an oral inspection, ask the caretaker and study the individual oral-care card. It is reasonable to interpret that they use combinations of all these things, depending on the caretaker's condition. Some of the staff answered that they gave the same oral-care to all of the caretakers. This is alarming as individual needs of oral care are essential.

There are many reasons making it difficult for nursing staff to perform the oral-care. This study shows that lack of cooperation with caretaker and the caretakers' diseases are the main reasons. Results from a previous study showed that the staffs found the performing of oral care unpleasant because of the caretakers' unwillingness (Forsell *et al.*, 2010). Caretakers' unwillingness can also be interpreted as lack of cooperation, which is confirmed by the results of present study. Lack of time has been suggested as a main reason of inadequate oral hygiene at geriatric homes (Forsell *et al.*, 2010), contradictory to the results in present study. However, this can still be a problem but the staff considered other options as the major reasons.

Most of the staff presented examples of hygienic tools that they use additional to toothbrush. Impressive that a large part of the staff mentioned a lot of tools they used in addition to toothbrush when performing the daily oral hygiene.

However, it could be questioned if these really are used in a daily manner in the reality. Nowadays, most people are aware of the importance to keep a good oral hygiene. It is a close thought that nursing staff even could have a bigger interest in good health than individuals who do not have a connection with health care. News and commercials today makes it hard to avoid such information as what kind of oral hygiene tools you may use. This can be an imaginable reason for the generous amount of examples of tools mentioned in the survey. The answers to the questions about importance of daily oral care (question 11, 12 attachment 1) were also positive. A large number of staff described why it is important to keep a good oral health to avoid various kinds of diseases and health problems and almost everyone thought it were of big importance to help caretakers to perform the daily oral hygiene, irrespective what kind of dentures.

All of the managers answered that the caretakers had been offered an oral care health assessment and it was an expected response as it is a legal right in Sweden (Swedish law, 1998). This was not agreed upon of all respondent staff and a possible explanation could be that the responsibility for the assessments lies upon the management.

According to the managers the cooperation between the staff responding for the oral health assessments and the nursing home worked well and several of the managers stated that there was a long-term plan for good oral health. A new quality register system called “Senior Alert” is used in health and medical services in Sweden (Senior Alert, 2013). The register are commonly mentioned and described by the managers when asked about if there were a long-term plan for good oral health. The register focus on prevention in malnutrition, pressure ulcers and fall accidents and oral health is included in the register. The risk assessment instrument for oral health is called ROAG (Revised Oral Assessment Guide). The managers commented that the work with Senior Alert and ROAG just recently started. Hopefully, this national register will be a god way to prevent oral diseases and improve the oral health among elderly caretakers. Nurses and nursing assistants with additional education do the oral

assessments (Senior Alert, 2013). This could be a good way to involve more staff to focus on the oral cavity but could also be a risk, as they do not have the same knowledge as professional dental staff.

Study design

Pilot-studies were done in order to get questions that were accurate and easy to understand, and the comments were discussed and considered before the final questionnaires were prepared. Even though, some questions were misunderstood and individual interpretations could be seen in the results. The results in this study also can be distortionary because of the different numbers of responded questionnaires received from the staff at the different geriatric homes.

The intention was to get a number of participating nursing homes in each city, which were reflected by the existing population aged over 65 years. This was possible among the private nursing homes but computations and tracing in the amount of municipal nursing homes revealed that this was impossibility if the study should be implemented in a reasonable manner.

This study was based on very small groups, especially when divided in the four different cities and in groups depending on private or municipal. Aggregating all the participated groups made it possible to producing a result, particularly because of the good response frequency. The few small differences between private and municipal nursing homes that could be deduced in the results are descriptive presented in the results section.

Conclusion

It is common that caretakers in geriatric homes are in need of assistance when performing daily oral care. The nursing staffs appear to be well aware of the fact that maintaining a good oral health is of big importance. But the results show that more education about oral health are both wanted and needed. The managers seem to be the ones most familiar with if the caretakers has been

offered an oral health assessment and several of the managers responded that there is a long-term plan for good oral health.

No notable difference between municipal and private nursing homes is registered, but the participated groups are too small to do a statistical comparison.

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FIGURES

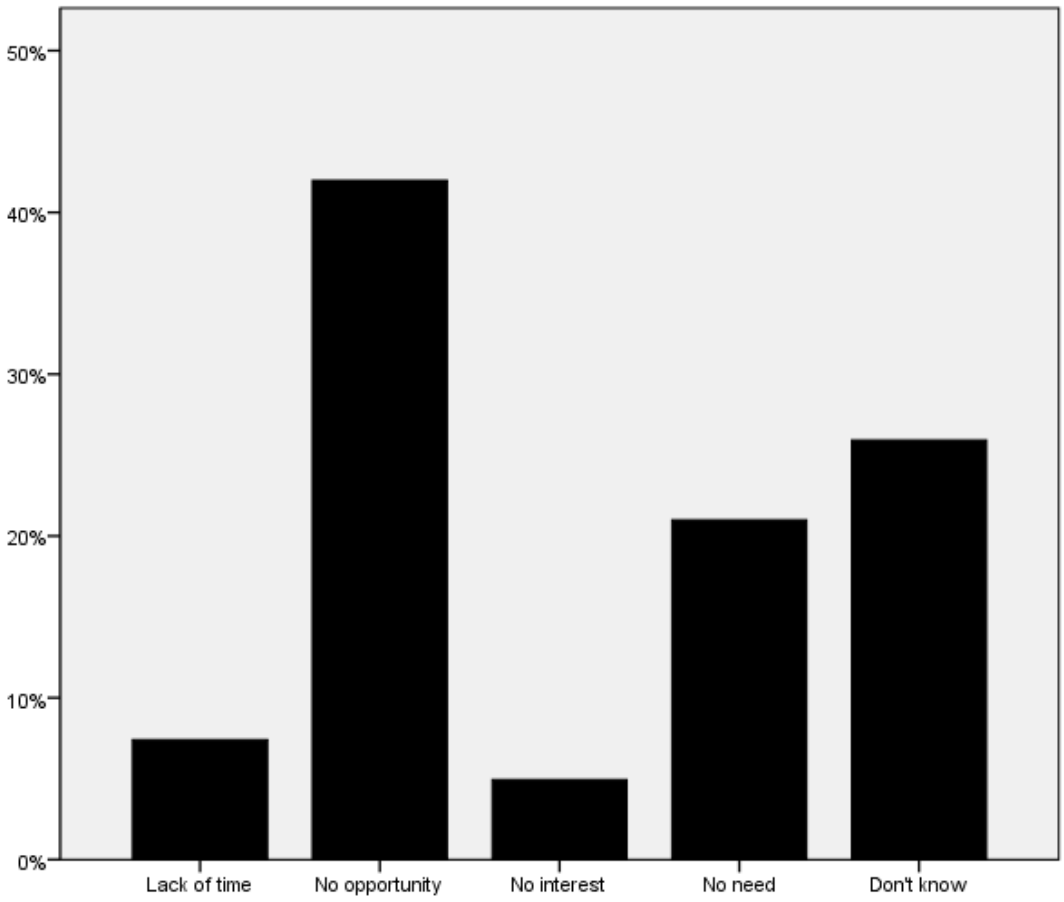

Figure 1. Reasons given by the staff for not getting in-service education in oral health. The results are given in percent (n=90).

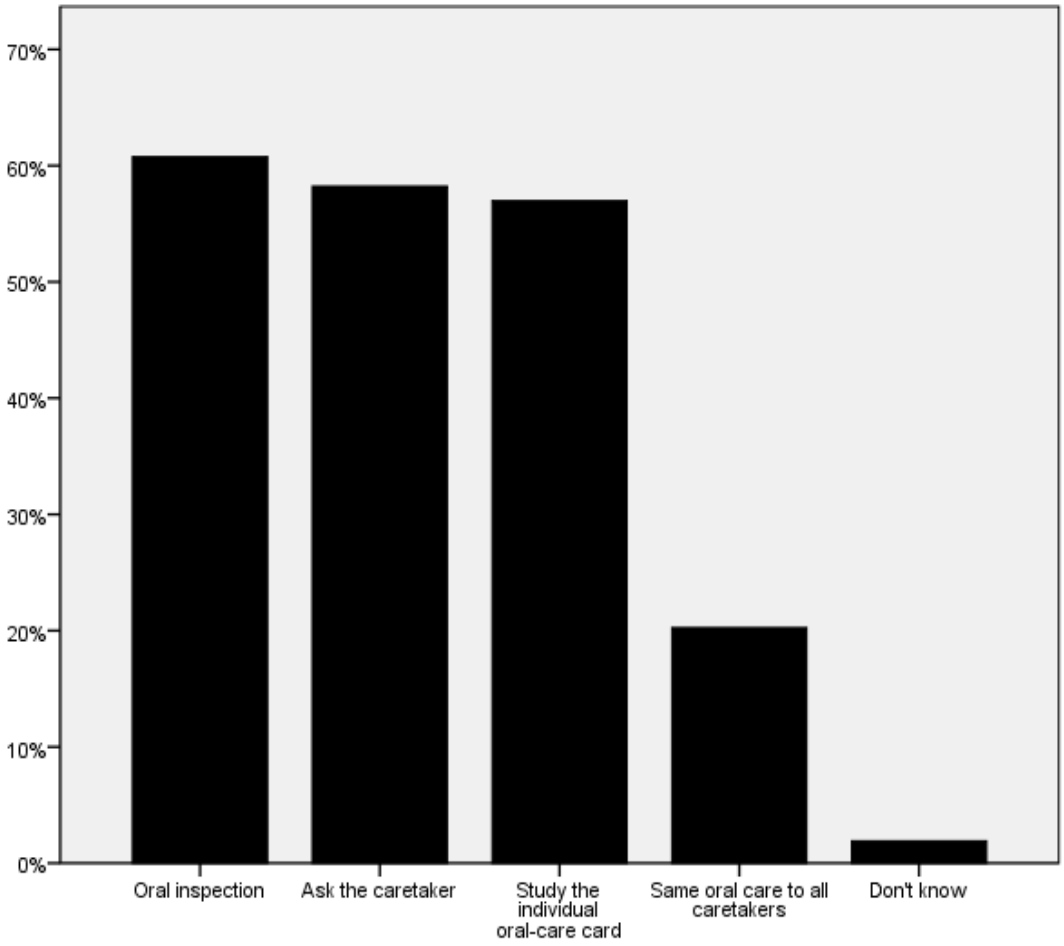

Figure 2. The staffs were asked how they found out every caretakers need of daily oral care. The results are given in percent (n=188).

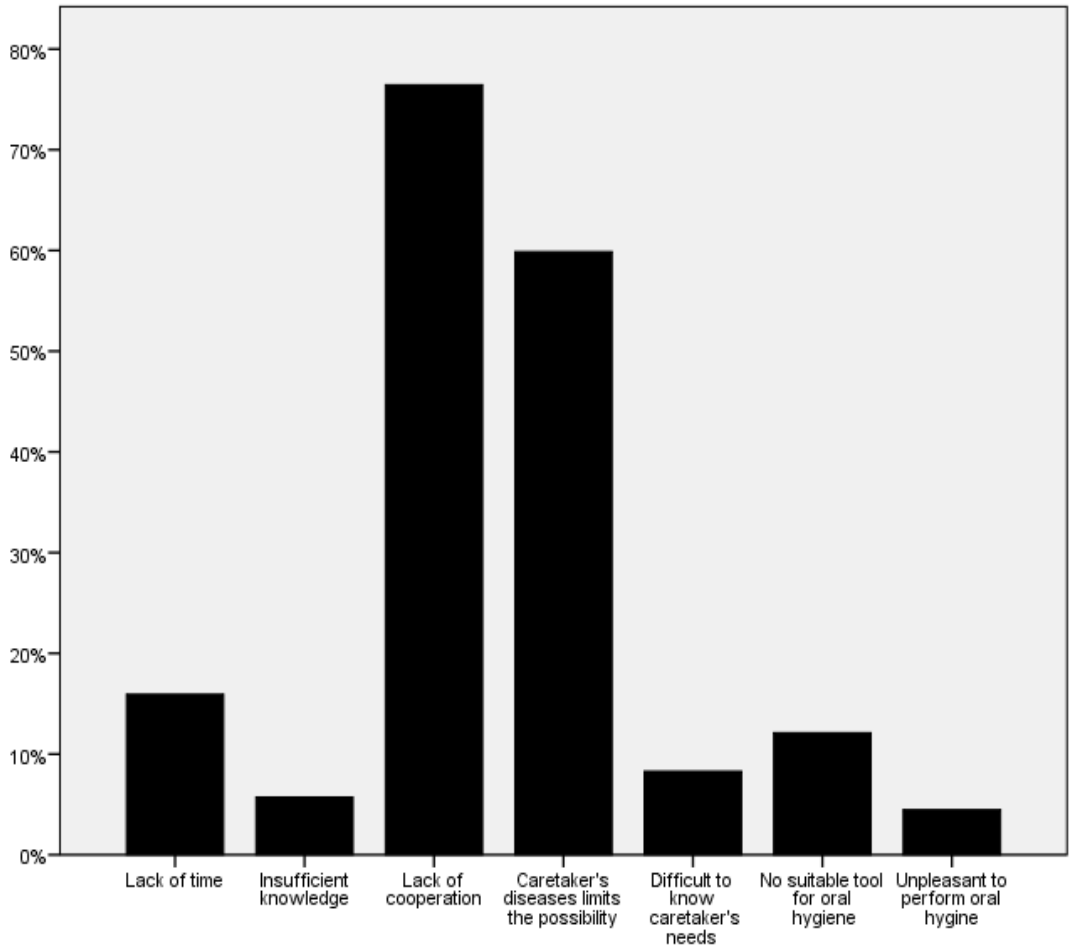

Figure 3. Reasons given by the participating staffs that made it difficult to give caretakers good assistance with oral hygiene. The results are given in percent (n 216).

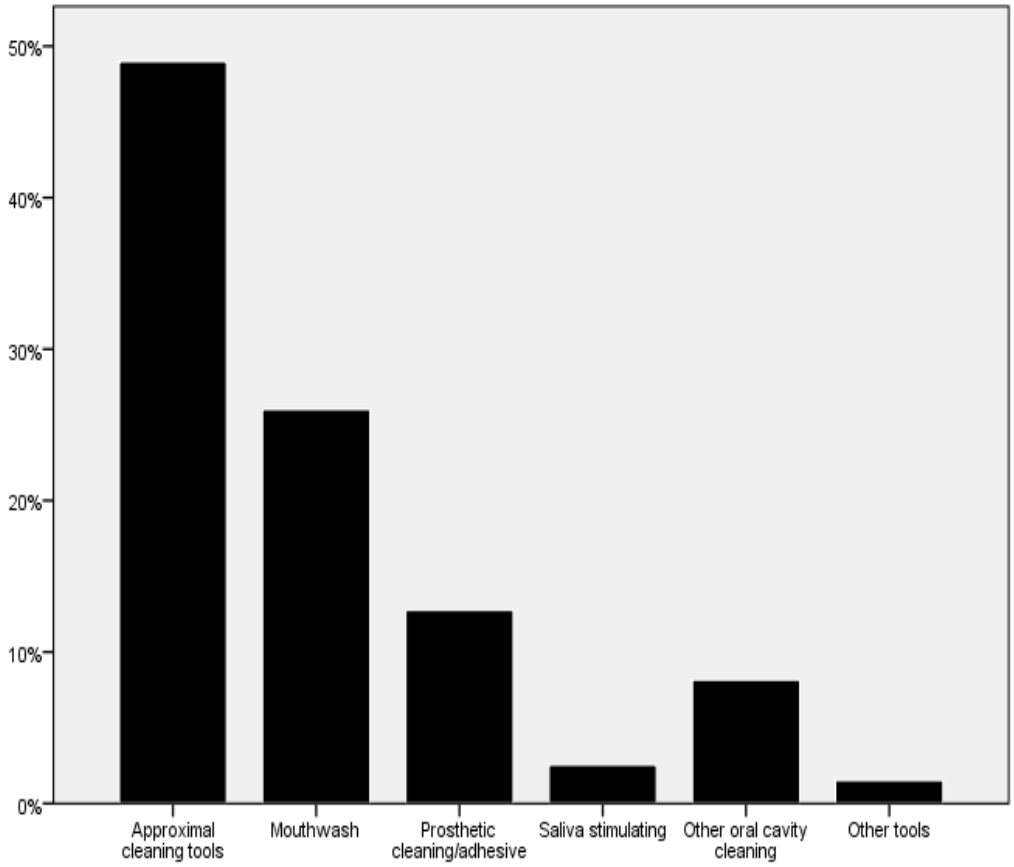

Figure 4. The frequency of used tools in addition to toothbrush when performing the daily oral hygiene (n=204).

ENKÄT OMVÅRDNADSPERSONAL

ATTACHMENT 1: Questionnaire Staffs

Kryssa för det alternativ som du tycker stämmer bäst. Lämna gärna också en kommentar.

Man ☐ Kvinna ☐ Födelseår:_____

Utbildning:_____ Examensår:_____ Antal år i yrket:___

1. Är det vanligt att vårdtagarna behöver hjälp med att upprätthålla munhygienen?

   Ja ☐
   Nej ☐

   Kommentar:_____

2. Om munvård utförs på vårdtagarna, hur ofta görs det generellt?

   Flera gånger/dag ☐
   2 gånger/dag ☐
   1 gång/dag ☐
   Några gånger i veckan ☐
   Görs aldrig ☐

   Kommentar:_____

3. Gav din grundutbildning någon form av **teoretiska** kunskaper om munhålan och munhygien?

   Ja, mycket ☐
   Endast lite ☐
   Nej, inte alls ☐

   Kommentar:_____

4. Gav din grundutbildning någon form av **praktiska** kunskaper om munhålan och munhygien?

   Ja, mycket ☐
   Endast lite ☐
   Nej, inte alls ☐

   Kommentar:_____

5. Känner du att du behöver mer utbildning om munhygien för att kunna utföra den dagliga munvården på vårdtagarna?

   Ja ☐
   Nej ☐
   Kommentar:_____

6. Har du fått någon ytterligare utbildning om munhygien och munvård efter din grundutbildning?

   Ja ☐
   Nej ☐

   - Om JA,

   Vid hur många tillfällen?_____

   När var senaste?_____

   - Om NEJ, vad är anledningen? (Flera svarsalternativ får kryssas i)

   Tidsbrist ☐
   Ingen möjlighet har funnits på arbetsplatsen ☐
   Jag har inget intresse av mer utbildning ☐
   Jag känner inget behov av mer utbildning ☐
   Vet inte ☐

   Kommentar:_____

7. Hur vet du vad vårdtagaren har för dagligt behov av munvård? (Flera svarsalternativ får kryssas i)

   Tittar i munnen ☐
   Frågar vårdtagaren ☐
   Studerar munvårdskortet ☐
   Ger alla vårdtagare samma munhygien ☐
   Vet inte ☐

   Kommentar:_____

8. Är det svårt för dig att avgöra om vårdtagaren har egna tänder, löstagbara proteser eller fastsittande kronor, broar eller implantat?

   Ja, ofta ☐
   Ja, ibland ☐
   Varken ja eller nej ☐
   Sällan ☐
   Aldrig ☐

   Kommentar:_____

9. Vilka är de största svårigheterna med att utföra munvård på vårdtagaren? (Flera svarsalternativ får kryssas i)

Tidsbrist ☐
Otillräckliga kunskaper hos mig om hur munvård ska utföras ☐
Svårigheter att samarbeta med vårdtagare ☐
Vårdtagarens sjukdom begränsar utförandet av munvård ☐
Svårigheter med att veta enskild vårdtagares dagliga behov ☐
Passande hjälpmedel för att upprätthålla individuell munhygien saknas ☐
Upplever utförandet av munvård på andra som obehagligt ☐

Kommentar:_____

10. Används några andra hjälpmedel **förutom tandborste** vid de dagliga munhygienrutinerna?

Ja ☐ Vilka?:_____

Nej ☐

11. Hur viktigt tycker du det är att utföra den dagliga munvården på vårdtagare som har **fastsittande tänder**?

Mycket ☐
Ganska ☐
Inte speciellt ☐
Inte alls ☐

Kommentar:_____

12. Hur viktigt tycker du det är att utföra den dagliga munvården på vårdtagare som har **löstagbara proteser**?

Mycket ☐
Ganska ☐
Inte speciellt ☐
Inte alls ☐

Kommentar:_____

13. Finns det munvårdskort till vårdtagarna?

Ja, till alla ☐
Ja, till de flesta ☐
Ja, till några ☐
Nej ☐
Vet ej ☐

- Om JA:

- Används munvårdskorten?

Ja, alltid ☐
Ofta ☐
Sällan ☐
Nej, aldrig ☐
Vet ej ☐

- Uppdateras munvårdskorten vid behov?

Ja, alltid ☐
Ofta ☐
Sällan ☐
Nej, aldrig ☐
Vet ej ☐

- Var är munvårdskorten oftast placerade?_____

14. Har vårdtagarna erbjudits en munhälsobedömning?

Ja ☐
Nej ☐
Vet ej ☐

Kommentar:_____

15. Finns det någon i personalgruppen som är speciellt ansvarig för munhygienrutiner hos vårdtagarna?

Ja ☐
Nej ☐

Kommentar:_____

- Om JA, finns tid avsatt för denna uppgift?

Kommentar:_____

ATTACHMENT 2: Questionnaire Manager

Kryssa det alternativ som du tycker stämmer bäst. Lämna gärna också en kommentar.

Man ☐ Kvinna ☐ Födelseår:_____

Utbildning:_____ Examensår:_____ Antal år i yrket:____

1. Vilken typ av äldreboende arbetar du på?

   Svar:_____

   - Hur många vårdtagarplatser finns det på boendet?

   Svar: _____

   - Hur många personal arbetar:

   Dag?_____ Kväll?_____

2. Har det funnits möjlighet för de anställda att få utbilda sig inom munhygien och munvård?

   Ja ☐
   Nej ☐

   - Om JA, hur ofta ges tillfälle?

   Svar:_____

   - Om NEJ, vad är huvudsakliga anledningen? (Flera alternativ får kryssas i)

   Tidsbrist ☐
   Kostnadsfråga ☐
   Inget intresse från personalen ☐
   Finns inget uppenbart behov av utbildning ☐
   Vet ej ☐
   Kommentar:_____

3. Finns det någon i personalgruppen som är speciellt ansvarig för munhygienen och munvården hos vårdtagarna?

   Ja ☐
   Nej ☐

   Kommentar:_____

   - Om JA, finns tid avsatt för denna uppgift?

   Kommentar:_____

4. Har vårdtagarna erbjudits en munhälsobedömning?

   Ja ☐
   Nej ☐
   Vet ej ☐

   Kommentar:_____

   - Om Ja, vem utför den_____

   - Om Nej, varför?_____

5. Hur fungerar samarbetet mellan de som ansvarar för munhälsobedömningen och boendet?

   Väldigt bra ☐
   Bra ☐
   Varken bra eller dåligt ☐
   Ganska dåligt ☐
   Mycket dåligt ☐

6. Finns det någon långsiktig plan med arbetet för en god munhygien och munvård hos de äldre?

   Ja ☐
   Nej ☐

   - Om JA, beskriv kort hur arbetet är

   upplagt?:_____

   _____

   _____

   _____

   _____

   _____