

Oral health care and smoking cessation practices of interprofessional home care providers for their patients with HIV

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The need for oral health services among patients with HIV, especially those in advanced stages of disease and those who smoke, has been well documented. Patients receiving HIV-related home care services provide an opportunity for assessment of oral health and smoking cessation needs; however, the majority of home care providers lack formal training to provide these services, thus interprofessional collaborations may be of value. This study assessed the oral health and smoking cessation practices of a random sample of 81 HIV home care providers. Results showed very favorable attitudes toward providing these services with some differences across disciplines. More than 70% of nurses would like to receive additional training in comprehensive oral health assessment by dental professionals. The study provides evidence for the potential of expanding these services for patients with HIV through interprofessional collaboration, in particular with nurses and dentists.

Keywords: Health services research, interprofessional care, interprofessional research, surveys, team-based practice

INTRODUCTION

The unmet need for oral health services among patients with HIV has been well documented and is fueled by patient, provider, socioeconomic and systems factors. Individuals with HIV/AIDS are at risk for many oral health problems, particularly those in advanced stages of disease and the more than 50% who smoke tobacco (Crothers, Griffith & McGinnis, 2005). Further, as patients with HIV are living longer they are more likely to experience chronic illnesses such as cardiovascular disease and diabetes that are linked to poor oral health status (Griffin, Barker, Griffin, Cleveland, & Kohn, 2009).

To meet the complex, evolving oral health care needs of patients with HIV/AIDS, collaboration between nursing and dental providers has been proposed, in particular, training of nurses by dentists to conduct oral health assessments (Gallagher & Rowe, 2001; White, 2000). Currently, professional

education for most nurses lacks formal training in oral health assessment (Southern, 2007; Spielman, Fulmer, Eisenberg & Alfano 2005). Preliminary research is needed to assess the oral health practices of nurses and other HIV care providers.

The pilot study presented here, a collaboration between NYU Colleges of Nursing and Dentistry and Visiting Nurse Services of New York (VNSNY), examined the oral health care and smoking cessation counseling practices of nurses and other HIV home care providers for their patients with HIV. The study was approved by the Institutional Review Boards of New York University and VNSNY.

METHODS

Nurses, social workers and home health aides (HHA) providing home care services to patients with HIV were recruited during monthly staff meetings in four borough offices of VNSNY. A random sample of those who agreed to participate completed a 15-item survey assessing attitudes, beliefs, self-efficacy, intention and practices regarding oral health care, and smoking cessation counseling for their patients with HIV. Responses categories were in 5-point Likert scales. Because only nurses conducted visual oral health examinations as part of their scope of practice, they were asked how often they conducted examinations for thrush, gum recession/root exposure, obvious dental caries, xerostomia and palpation of salivary glands. Nurses were also asked about their attitudes toward receiving further training by dentists in oral health examination for their patients with HIV.

RESULTS

Among the 192 eligible providers, 84% (161) volunteered. A random sample of 81 (nurses 48%, HHA 37% and social workers 15%) completed the survey. The majority of survey respondents had favorable attitudes toward oral health assessment and smoking cessation counseling for their patients with HIV (Table I).

Table I. HIV Home care providers' oral health assessment and smoking cessation counseling attitudes, beliefs, self efficacy, intention and practice (N = 81).

Provider type	N*	HA [†]	SW [‡]	Total (%)
N	39	30	12	81
<i>Attitudes, beliefs, self-efficacy and intention</i>				
How much do you like or dislike assessing the oral health (% SL/L)	74	62	41	65
How important is oral health assessment (%VI/I)	97	97	67	93
How confident are you that you can assess oral health status (%VC/C)	90	87	42	82
How confident are you that you can counsel smoking cessation (%VC/C)	72	77	75	74
How likely are you to assess oral health of patients with HIV in next 6 months (%VL/L)	92	80	55	83
<i>Oral assessment/smoking cessation practice in patients with HIV (%Always/most of time)</i>				
How often do you assess the oral health of your patients	59	65	0	53
How often do you refer to oral health professional	51	65	17	51
How often assess smoking status	71	65	58	67
How often refer for cessation	32	55	17	37

* Nurse; [†] Home health aide; [‡] Social worker.

Nurses and HHA were more positive about assessing oral health status (Nurses 72%, HHA 62%) than social workers (41%). Only 42% of social workers were very confident or confident that they could assess the oral health status of their patients compared with 90% of nurses and 87% of HHA. Social workers were also less likely to report intention to verbally ask about the oral health status of their patients with HIV than nurses or HHA. Seventy-four percent of all participants were very confident/confident that they could counsel their patients with HIV about smoking cessation.

Fifty-nine percent of nurses and 65% of HHA reported verbally assessing oral health status always or most of the time and no social worker did. More than half of the nurses and HHA reported referring their patients to an oral health provider always or most of the time compared with 17% of social workers. Overall, two-thirds of participants reported asking their patients with HIV about their smoking status, but far fewer (32% of nurses, 55% of home health aides and 17% of social workers) reported referring their patients with HIV for smoking cessation services.

When nurses were asked about specific oral examination practices, 79% reported asking patients about oral symptoms and conducting a visual exam for thrush, 21% for gum recession/root exposure, 15% for obvious dental caries, 42% assessment for xerostomia and 6% palpation of salivary glands. Finally, 72% of nurses responded positively to participating in additional training by dentists to conduct comprehensive oral health examinations for their patients with HIV.

DISCUSSION

The home care setting provides a unique opportunity to enhance the oral health status of patients with HIV and to decrease smoking among this vulnerable population.

Formal professional education of nurses, HHA and social workers provides little training in oral health assessment or smoking cessation (White, 2000). While HHA and social workers do not conduct physical examinations of the oral cavity as nurses do, as HIV team members they are expected to verbally assess patients' needs for referrals, including those for dental care and smoking cessation services. Although the majority of HIV home care providers in this study considered oral health and smoking assessment/counseling important, only 50% of patients were referred to dentists or smoking cessation services.

Differences in oral health and smoking cessation attitudes and practices among provider groups were not surprising given their respective areas of expertise, training and scopes of practice. Although nurses and HHA were generally more positive about conducting oral health assessment, all providers reported high self-efficacy for smoking cessation counseling. Social workers play an important role in assisting in referral for services and could facilitate those for oral health care and smoking cessation. Telephone smoking cessation counseling resources such as the New York State Quitline could be provided by any of the HIV home care providers. Further, social workers and nurses could be valuable resources for expanding oral health referral sources. There is substantial support from nurses in this study for the acceptability of additional training from dentists to conduct comprehensive oral health examinations. This study provides persuasive evidence for the potential of expanding oral health and smoking cessation services through interprofessional collaboration with additional training of nurses and other HIV care providers in this setting by dentists and smoking cessation experts.

This study has several limitations. Conducted in a single agency, it is not representative of all home health agencies. Furthermore, this study was conducted in the work setting; thus participants may have provided socially desirable responses even though no personal identifiers were collected.

Declaration of interest

The authors report no declarations of interest. The authors alone are responsible for the writing and content of this paper.

REFERENCES

- Crothers, K., Griffith, T.A., & McGinnis, K.A. (2005). The impact of cigarette smoking on mortality, quality of life, and co-morbid illness among HIV-positive veterans. *Journal of General Internal Medicine*, 20(12), 1142–1145.
- Gallagher, J., & Rowe, J. (2001). Community nurses' contribution to oral health. *British Journal of Community Nursing*, 6(10), 526–534.
- Griffin, S.O., Barker, L.K., Griffin, P.M., Cleveland, J.L., & Kohn, W. (2009). Oral health needs among adults in the US with chronic diseases. *Journal of the American Dental Association*, 140(10), 1266–1274.
- Southern, H. (2007). Oral care in cancer nursing: Nurses' knowledge and education. *Journal of Advanced Nursing*, 57(6), 631–638.
- Spielman, A.I., Fulmer, T., Eisenberg, E.S., & Alfano, M.C. (2005). Dentistry, nursing, and medicine: A comparison of core competencies. *Journal of Dental Education*, 69(11), 1257–1271.
- White, R. (2000). Nurse assessment of oral health: A review of practice and education. *British Journal of Nursing*, 9(5), 260–266.