

Oral Care

Exploring education, attitudes, and behaviors among nurses caring for patients with breast cancer

Jennifer A. Suminski, CPhT, RDH, MS, Marita Rohr Inglehart, Dr.phil.habil., Stephanie M. Munz, DDS, Catherine H. Van Poznak, MD, and L. Susan Taichman, RDH, MS, MPH, PhD

BACKGROUND: Patients treated for breast cancer often experience severe oral complications, such as mucositis, xerostomia, and infections, which can result in dose reductions and treatment delays, affecting treatment outcomes.

OBJECTIVES: The purpose of this article is to explore oncology nurses' perceptions of their educational experiences, professional attitudes, and behavior related to providing oral healthcare education to patients with breast cancer.

METHODS: The Oncology Nursing Society sent an email to 5,000 nursing team members who cared for patients with breast cancer, requesting participation in a web-based survey; 194 responses were received, with 164 meeting study eligibility.

FINDINGS: More oral health–related education was received during clinical experiences than during formal or continuing education. Although patient-driven oral care and diagnostic efforts were frequent, actual behavior was less frequent. No major barriers to providing oral care were indicated. Increased oral health–related education and behavior correlated with the reported importance of increased oral health education for nurses.

KEYWORDS

breast cancer; oral health; education; attitude; behavior

DIGITAL OBJECT IDENTIFIER

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ORAL HEALTH IS A CRITICAL COMPONENT of a person's overall health; in patients undergoing anticancer therapies, oral health is no exception (Clemmens, Rodriguez, & Leef, 2012; Potting, Mank, Blijlevens, Donnelly, & van Achterberg, 2008). About 40% of patients receiving anticancer treatments experience oral side effects (Davison, 2006). Some of the most common and debilitating side effects are mucositis and xerostomia, which affect oral functions such as nutritional intake, speech, and nonverbal expressions of feelings. Anticancer treatments may put patients at greater risk for oral infections and dental caries (Barker, Epstein, Williams, Gorsky, & Raber-Durlacher, 2005; Daniel, Damato, & Johnson, 2004; Eilers & Million, 2011). Oral side effects of anticancer therapies can negatively affect quality of life and may affect the ability to administer the optimal anticancer therapy by causing treatment delays or dose reductions (Armstrong & McCaffrey, 2006; Bruce, 2004; Cawley & Benson, 2005; Harris, Eilers, Harriman, Cashavelly, & Maxwell, 2008). Oncology nursing teams are ideally situated to assess the impact of breast cancer treatments on patients' oral health, document oral side effects of treatment for multidisciplinary communications, assist in therapeutic interventions, and educate patients about oral health promotion (Wårdh, Paulsson, & Fridlund, 2008; Weber & Eskinazi, 2012).

Although a national call has been made to encourage all healthcare providers to be proactive with oral disease prevention and promotion of good oral health care (Clemmens et al., 2012), oral health–related content has still not been well integrated into general nursing curricula (Parish, Singer, Abel, & Metsch, 2014; Perry, Iida, Patton, & Wilder, 2015). Specialty nursing organizations have comprehensive guidelines for their certifications and include questions related to prevention and management of oral complications within certification examinations (Ohrn, Wahlin, & Sjoden, 2000). In addition, Costello and Coyne (2008) suggested that nurses and nurse practitioners not only learn oral health–related information during their schooling, but also receive oral health–related training on the job. However, they pointed out that on-the-job training may be of short duration and that updates on oral care topics were infrequent (Costello & Coyne, 2008).

Lack of oral health–related on-the-job training and continuing education contributes to nursing team members' low confidence in their ability to identify and treat their patients' oral health problems (Southern, 2007). Although 95% of respondents in one study indicated a need for all oncology nurses to have oral health–related continuing education (Ohrn et al., 2000), only 11%