



Nursing Education and Practice in Oral Health

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Abstract

This essay's goal is to analyse the quantity and calibre of oral hygiene material in a sample of pre-licensure nursing essentials books. There were seven textbooks examined. The actual number of pages and the percentage of the material that is devoted to oral health and hygiene were used to operationalize quantity. Congruence with recommended oral hygiene practises was used as the operational definition of content quality. Best mouth care practises included those that were supported by published dental research and review articles specifically about mouth care as well as published nursing research and review articles specifically about mouth care. These practises were primarily published by the American Dental Association. An average of 0.6% of content was allocated to mouth hygiene and health. Although the content's quality varied greatly, almost every textbook had some incorrect or out-of-date information. The use of foam sponges rather than soft toothbrushes and inappropriate denture removal were the two most frequent instances of inaccuracy.

Keywords: Nurse practitioners, Oral health, Nursing education, Interprofessional research, Dentistry, Public policy, Health care

INTRODUCTION

Because dental health is closely tied to overall health, maintaining good oral hygiene is crucial. Inflammation of the gingiva and plaque build-up is consequences of poor dental health. Pneumonia-causing microorganisms are found in plaque. In fact, across the lifespan, poor oral hygiene has been connected with ventilator-associated pneumonia. Periodontal disease and gingival inflammation have both been linked to undesirable pregnancy outcomes like preterm birth and low birth weight babies. Diabetes and coronary artery disease are two more systemic disorders linked to poor dental health and insufficient oral hygiene. Poor oral health also has a significant effect on mortality and quality of life (Johnstone J, et al., 2010).

Jones et al. conducted a survey of New England nursing programmes in 1986 to ascertain how much oral health was included in both undergraduate and graduate curriculum. One hour or less of general oral health

information was found in the undergraduate curricula for 50% of the assessed institutions, according to Jones et al. Two to three hours of content on oral health specifically for older individuals were included in 14% of undergraduate programmes; the remaining institutions reported zero to one hour. There hasn't been much, if any, progress in the oral health curriculum in pre-med, pre-nursing, and pre-pharmacy institutions, according to more recent reports. In English-speaking colleges all across the world, close to 60% of nursing, medical, and pharmacology educators say their courses are currently insufficient (Han YW, 2011).

The Institute of Medicine organised an oral health panel in 2009 at the Department of Health and Human Services' (DHHS) request. The Committee on an Oral Health Initiative, a panel, was given the task of "evaluating the current oral health care system, reviewing the components of an HHS oral health initiative, and researching ways to increase the use of preventive oral health therapies and

improve oral health literacy. During open sessions held across the country, committee members asked specialists to share their experiences and viewpoints. The significant contributions that non-dental clinicians make to the early detection, diagnosis, and treatment of oral disorders was one topic the committee members looked at. Because nurses are responsible for either providing oral hygiene for their patients or overseeing and assigning this work to unlicensed people, the committee requested information regarding the quantity and quality of oral health content in nursing education. The committee requested that this author speak to the group about the quantity and calibre of oral health instruction offered to nursing students. A search of nursing fundamentals textbooks was done in order to describe the number and quality of oral hygiene content in order to support the presentation's content. In order to describe the number and quality of oral hygiene information in pre-licensure nursing essentials textbooks, this research will focus on oral hygiene (Borrell LN, et al., 2011).

Public health is the primary focus of illness prevention efforts in our nation. People's awareness of illness knowledge has been impacted by factors such as a big population, poor sanitation, and unequal economic development. One way to disseminate knowledge is through health education, which includes prevention and treatment. By cultivating and teaching people in a particular degree of all-encompassing physical and psychological attributes, it succeeds in boosting people's ideological consciousness and enhancing the role of vaccinations (Haber RJ, et al., 2001).

Numerous studies on the subject of health education's involvement in vaccination care have highlighted the fact that, in light of the issues with mass vaccination in schools, the standard of medical treatment and the security of vaccination can both be significantly increased. Tang emphasised that the scientific advancement of vaccination nursing practise has a positive impact on reducing children's anxiety during vaccination, consequently increasing the effectiveness and safety of vaccination. Yang and Wu investigated how parental health education and nursing intervention could help high school kids experience the adverse effects of the DPT vaccine less severely. Parental health education and care interventions can greatly increase parents of students who have received the DPT vaccine's comprehension of the DPT vaccine, hence reducing the DPT vaccine's awareness rate. As a result, this paper explores the function of health education in immunisation care in great detail, continuing the research of other experts (Liang Z, et al., 2018).

This article initially examines the pertinent health education philosophies and body of knowledge. Then, a succinct explanation of vaccination aftercare is provided. The design of the immunisation information management system's function and performance were then examined. Finally, an extensive investigation of the role of health education in vaccination care was conducted, and data results were

gathered through questionnaire surveys and trials. The statistics demonstrate that parents' cognition, children's anxiety levels, and vaccination success rates may all be greatly raised by scientific health education. The experiment is demonstrated how important health education (Jenny O, et al., 2021).

MATERIALS AND METHODS

A reproducible strategy for developing and disseminating a thorough oral health curriculum in nursing programmes was presented by the NYU College of Nursing. It would also integrate oral health best practises in nurse-managed primary care facilities across the country. The foundation for NYU College of Nursing's effort to strengthen nursing's role in lessening the burden of oral illness in America was laid by several historic reports released in 2011. The National Prevention Strategy: America's Plan for Better Health and Wellness, Advancing Oral Health in America, Improving Access to Oral Health Care for Vulnerable and Underserved Populations, and Core Competencies for Interprofessional Collaborative Practice reports all stressed the significance of the nursing profession in enhancing oral health outcomes, nurses' role in health promotion and prevention, and the significance of interprofessional education and collaborative practise. A national effort called Oral Health Nursing Education and Practice (OHNEP), supported by the Connecticut Health Foundation, Washington Dental Service Foundation, and DentaQuest Foundation, was started by NYU College of Nursing in 2011. The National Interprofessional Initiative on Oral Health (NIOH), a coalition of clinicians and funders, includes Oral Health Nursing Education and Practice as one of its components. The NIOH's goal is to enlist primary care clinicians as partners with dental professionals in the provision of oral health preventive services and the eradication of dental disease (Davies M, et al., 2020).

DISCUSSION

The identification of interprofessional performance and affective oral health core competencies for dental and paediatric primary health care providers resulted from this non-experimental descriptive study to observe and describe interprofessional educational activities for paediatric dental students, residents, and PNP students. These key competencies could help at-risk infants and young children receive better oral health care if they were taught as part of the curriculum in general dentistry programmes and paediatric and family nurse practitioner programmes. As a result, nurse practitioner and dental faculty must improve their current curricula to allow students to learn in interprofessional settings and practise side by side in medical settings that offer chances to acquire these fundamental competencies for oral health (Feng Y, et al., 2019).

In addition to giving dentistry and PNP students a favourable

introduction to interprofessional education and clinical practise, the ICE programme gave them the chance to clinically conduct oral health exams on a sizable number of infants, toddlers, and pre-schoolers. Health care providers must be passionate about providing comprehensive care that is culturally sensitive and centred on strategies to educate parents to change practises that adversely affect infants' and children's oral-systemic health and wellbeing in order to care for various populations of children. Faculty are in charge of encouraging professional referrals between paediatric primary care providers and dentists who perform restorative procedures. These professionals not only refer kids and parents for the procedures but also educate parents about the importance of improving kids' oral and systemic health. Another crucial core competency that dentistry students, paediatric dental residents, and paediatric nurse practitioners must develop is the ability to manage behaviour for toddlers, pre-schoolers, and school-aged children. Children's concerns in strange places are lessened when they cooperate during routine medical and dental appointments (Black L, 2018).

The case presentations and the interprofessional socialisation that took place at the conclusion of the 6-week ICE programme gave dental and PNP students a rare chance to work together to handle both straightforward and complicated oral health care issues. The students believed that this interprofessional learning opportunity could improve communication between interprofessional health professionals. The students learned a lot from identifying and using interprofessional core competencies. The enticing concept of interprofessional education and clinical practise early in the students' educational experiences is that patient outcomes would improve if health care providers start cooperating in a collaborative manner (Bradley C, et al., 2021).

CONCLUSION

Health education plays a crucial part in immunisation care. People can adopt healthy lifestyles and foster their physical and mental growth by using comprehensive preventive healthcare approaches with a clear purpose and scientifically sound public education. Targeted initiatives to lower sickness rates, promote a healthy balance between physical and mental growth, and encourage a culture that is moral and sustainable. Vaccination is currently the most effective way of disease prevention in our society, yet many individuals have serious concerns about its effectiveness. The application of scientific health education has been

demonstrated to significantly improve baby vaccination care, according to the experimental investigation in this paper. It can help parents understand vaccine injection from a scientific perspective while also improving the effect of vaccination from an objective standpoint.

CONFLICT OF INTEREST

None

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