

Description of the Implementation of Oral Hygiene Measures for Stroke Patients at Bhayangkara Hospital Makassar

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ABSTRACT

This research generally aims to determine the description of the implementation of oral hygiene in stroke patients at Bhayangkara Hospital Makassar. This research uses descriptive research with observational methods. The number of samples in this study was 30 respondents. Sample selection was carried out using Accidental Sampling. Data was collected using a check list observation questionnaire, analyzed using the SPSS 16 program. The results of the analysis showed that most of the nurses' actions in providing oral hygiene had been carried out correctly, supported by data of 60.0%, and the majority of patients had teeth and mouths that were correct. net, this statement is supported by data of 60.0%. It can be concluded that the nurses' actions in providing oral hygiene have been carried out appropriately and the majority of patients have clean teeth and mouths. For further research, more respondents and better measuring tools are needed to increase the accuracy of the research results.

Keywords: *Oral Hygiene, Stroke Patients*

INTRODUCTION

In line with the health development strategy to create a healthy nation. In 2012, improving health status *Oral Hygiene, Stroke Patients* became one of the focuses of development in the health sector. Creating a healthy society, development in the health sector is directed at all levels of society. (RI Ministry of Health, 2011). Stroke has become a scourge for society at large. Even though stroke is a disease that has been known for a long time, it must be admitted that most of us do not really understand what stroke is. Because with its rapid development, there may also be some information that we don't know yet. We know that stroke means sudden paralysis of half the body accompanied by speech disorders (Iskandar, 2011).

Stroke or cerebral circulation disorder (GPDO) is a neurogenic disease that causes both focal and global brain function disorders and is the most common cause of disability. Sufferers can experience various problems including impaired consciousness, impaired physical mobility, swallowing disorders and impaired self-care (Syaiful Islam, 2009).

According to WHO data, stroke is one of the three biggest causes of death in the world among other dangerous diseases such as heart disease and cancer. According to Richard Lee, every year stroke kills more than 160,000 Americans, as many as 75% of stroke sufferers in America experience paralysis and result in losing their jobs. In Europe, around 650,000 stroke cases are found each year (Journal, 2010). Meanwhile, in Indonesia, according to data from basic health research in 2007-2008, the incidence of stroke was 8.3 per 1000 population. And stroke is also the cause of death as much as 15.4% of all deaths in Indonesia (Endang, 2011).

Data obtained through the 2009 South Sulawesi provincial health profile, from 44 district/city hospitals throughout South Sulawesi (government and private) reported that the number of stroke sufferers who were hospitalized was 838 cases, while those suffering from essential (primary) hypertension were 2,221 cases, of which Primary hypertension is the highest cause of stroke (Subdin P2&PL South Sulawesi Provincial Health Office, 2008).

In sufferers who experience disorders, decreased consciousness can cause physical immobility, problems swallowing food through the mouth, which can be one of the causes of inflammation of the oral mucous membranes (Stevens, 2007). For patients who experience swallowing problems, food is given through a tube, so that saliva rarely changes, which facilitates the formation of commensal oral microflora colonies. If left unchecked, this can lead to oral infections (Iskandar, 2011).

Oral hygiene in dental and oral health is very important, several oral and dental problems can occur due to lack of maintaining oral and dental hygiene. Awareness of maintaining oral hygiene is very necessary and is the most effective medicine to prevent dental and oral problems (Perry and Potter, 2005).

Oral hygiene is one of the actions needed to protect the mouth from infection, clean and freshen the mouth. These sufferers are also accompanied by neurological deficits ranging from mild to severe including impaired self-fulfillment (Activity Daily Living). For patients who experience decreased consciousness and neuromuscular disorders, oral hygiene is an action that must be carried out by nurses (Wolf, 2009). At Bhayangkara Hospital Makassar, these actions have not been carried out optimally, so the role of nurses as executors has not been carried out well.

Preliminary data obtained at the Bhayangkara Hospital Makassar in 2012, showed that stroke sufferers who were admitted and treated in the Intensive Care Unit (ICU) in 2009 were 75 cases, with a maximum of 25% of oral hygiene treatments not being carried out, whereas in 2010 there were as many as 138 cases, with oral hygiene care not being implemented to a maximum of 30% and in 2011 the number increased to 163 cases, with oral hygiene care not being implemented to a maximum of 40%. This shows that oral hygiene care that has not been carried out properly has increased significantly, therefore there needs to be more attention, so that oral hygiene care can be fulfilled properly and also does not cause more severe damage to the oral cavity and teeth.

To optimize the implementation of oral hygiene, it is necessary to implement permanent procedures for implementing oral hygiene, creating an environment that is conducive to implementing oral hygiene, refreshing oral hygiene and presenting cases regularly to identify various deficiencies in the provision of nursing care.

Based on the facts above, the author is interested in conducting research on "An overview of the implementation of oral hygiene in stroke patients at Bhayangkara Hospital Makassar".

METHODS

This research uses descriptive research with observational methods. This research was conducted at the Bhayangkara Hospital Makassar, which was carried out from December to January 2012. The population in this study was 35 people who suffered from stroke at the Bhayangkara Hospital Makassar. The sample in this study was stroke patients treated in the internal ward and ICU, namely 30 respondents. Determining the sample in this study used the sampling method, namely "Accidental Sampling". Sampling was carried out by taking cases or respondents who happened to be present or available in a place according to the research context. Data collection was carried out after obtaining permission from Bhayangkara Hospital Makassar. Data collection was carried out on stroke patients in the internal ward and ICU of Bhayangkara Hospital Makassar, referring to the respondent inclusion criteria. The implementation of oral hygiene measures was observed using a checklist.

RESULTS

This research was carried out at Bhayangkara Hospital Makassar for 20 days, namely from 27 December 2012 to 16 January 2013. The population in this study were all stroke patients in the internal ward and Intensive Care Unit (ICU) of Bhayangkara Hospital Makassar. The sample size studied was 30 people who applied samples that met the criteria specified in the inclusion criteria.

General data

Distribution by Gender

Table 5.1 Distribution of Respondents According to Gender in Stroke Patients in the Internal Room and ICU at Bhayangkara Hospital Makassar

Sex	Frequency	(%)
Man	20	66.7
Woman	10	33.3
Total	30	100.0

Source: Primary Data January 2013

Based on table 5.1 above, of the 30 respondents, the majority were male, namely 20 people (66.7%) and 10 people were female (33.3%).

Distribution by Age

Table 5.2 Distribution of Respondents According to Age in Stroke Patients in the Internal Room and ICU at Bhayangkara Hospital Makassar

Age	Frequency	(%)
45-55	3	10.0
56-75	24	80.0
>75	3	10.0
Total	30	100.0

Source: Primary Data

Based on table 5.2 above, it shows that of the 30 respondents the majority were in the 56–75-year age group, namely 24 people or (80.0%), then in the 45-55 and >75-year age groups each there were 3 people or (10.0%).

Custom Data

Distribution Based on Oral Hygiene Measures

Table 5.3 Distribution of Decisions to Implement Oral Hygiene Measures by Nurses for Stroke Patients in the Internal Room and ICU at Bhayangkara Hospital Makassar

Oral Hygiene Measures	Frequency	(%)
Appropriate	18	60.0
Less precise	10	33.3
Not exactly	2	6.7
Total	30	100.0

Source: Primary Data January 2013

Based on table 5.3 above, it shows that most of the nurses' actions in providing Oral Hygiene correctly were (60.0%) or 18 people, less appropriate (33.3%) or 10 people and the rest were incorrect (6.7%) or 2 persons.

Distribution Based on Oral Hygiene

Table 5.4 Distribution of Dental and Oral Hygiene in Stroke Patients in the Internal Room and ICU at Bhayangkara Hospital Makassar

Dental and oral hygiene	Frequency	(%)
Clean	18	60.0
Not clean enough	9	30.0
Not clean	3	10.0
Total	30	100.0

Source: Primary Data January 2013

Based on table 5.4 above, it shows that the majority of stroke patients have clean teeth and mouth hygiene (60.0%) or 18 people, less clean (30.0%) or 9 people and the rest are not clean (10.0%) or 3 people.

Implementation of Oral Hygiene Measures for Stroke Patients in the Internal Room and ICU at Bhayangkara Hospital Makassar

Oral hygiene is an action to clean and freshen the mouth, teeth and gums (Clark, in Saryono, 2010). And according to Taylor in Shocker, 2008, oral hygiene is an action aimed at maintaining the continuity of the lips, tongue and oral mucosa, preventing infection and moisturizing the membranes of the mouth and lips. The implementation of oral hygiene itself is carried out by considering the patient's general condition.

From the research data, it can be explained that of the 30 respondents, 18 people or (60.0%), nurses carried out oral hygiene measures appropriately and the remaining 10 people or (33.3%) carried out oral hygiene measures inappropriately and there were 2 people or (6.7%) who carry out oral hygiene incorrectly.

Based on observations made, the majority of nurses carry out oral hygiene measures appropriately, this is because the majority of nurses have a fairly high level of education and good knowledge so that oral hygiene measures are carried out optimally/correctly. Meanwhile, inappropriate oral hygiene actions are caused by the lack of strong motivation to change nurses' behavior towards oral hygiene. One factor is the high level of busyness of nurses, or an unbalanced workload. The patient's capacity exceeds the nurse's work capacity in carrying out treatment, so that oral hygiene measures that are considered easy or unimportant are sometimes not carried out well.

This is supported by the results of research conducted by Mila Sulistianingrum (2009), entitled *The Relationship between Knowledge, attitudes and nurse behavior in implementing oral hygiene in Stroke patients*. The results of Mila's research stated that there was a significant relationship between knowledge, attitudes and nurses' behavior in implementing oral hygiene.

This is also supported by Saryono (2010), who stated that the higher a person's education, the easier it is for that person to receive information. With higher education, a person will tend to get information both from other people and from the mass media. And some of them have worked for a long time, learning experiences while working will be able to develop decision-making abilities which are a manifestation of integrated reasoning scientifically and ethically.

Based on the description above, in the implementation of oral hygiene care there are two components that have a role, the first is the attitude component and the second is the behavioral component. These two components interact with each other and influence nursing actions.

Dental and Oral Hygiene in Stroke Patients in the Internal Room and ICU at Bhayangkara Hospital Makassar.

The mouth is the first part of the food pipe and part of the respiratory system (Wolf, 2009). The mouth is also a gateway for disease. In the oral cavity there is saliva which functions as a mechanical cleaner for the mouth (Taylor, 2000).

In the oral cavity there are various kinds of microorganisms, although they are commensal, in certain circumstances they can become pathogenic if the host response is disturbed. (Roeslan, 2008). Natural mouth cleaning which should be carried out by the tongue and saliva, if it does not work properly can cause oral cavity infections, for example in sufferers with severe pain and sufferers who cannot or are unable to put things through their mouths.

Clients who are unconscious are more susceptible to dry saliva secretion on their mucosa because they are unable to eat, drink, breathe through the mouth and often receive oxygen therapy. Clients who are unconscious also cannot swallow saliva secretions that collect in the mouth. This secretion consists of gram-negative bacteria which can cause pneumonia if exhaled into the lungs (Perry Potter, 2005)

The results of the study showed that of the 30 respondents there were (60.0%) or 18 respondents for the patient's dental and oral hygiene in the clean category, and (30.0%) or 9 respondents in the less clean category and (10.0%) or 3 respondents in the unclean category.

Based on observations made, the majority of patients have teeth and mouths in the clean category, this is due to nurses' work experience in oral hygiene procedures and nurses' good knowledge about the hygiene of stroke patients' teeth and mouths, so that in practice they can provide optimal results. Meanwhile, patients who have unclean teeth and mouths are caused by a decrease in the patient's consciousness and central paralysis of the hypoglossal nerve as well as problems swallowing food, so that in providing oral hygiene measures, nurses have difficulty carrying out patient dental and oral hygiene.

This is in accordance with the results of research conducted by Marni (2012), entitled Factors that Influence Nurses in Implementing Oral Hygiene in Stroke Patients in the Wijaya Kusumah Room, Bekasi City Hospital in 2012. The results of Marni's research state that there is a significant relationship between work experience, nurses' knowledge of implementing oral hygiene in stroke sufferers.

This is supported by Endang (2011), stating that a high level of education will influence a person's knowledge and experience. Knowledge is a very important domain for the formation of one's actions. The higher a person's level of education, the easier it is for that person to receive information

A person can perform oral hygiene well if they have knowledge about good oral hygiene. Knowledge is one of the factors that influences behavior. Knowledge is important as a basis for forming a person's behavior. Good knowledge will be realized in good actions, while the formation of behavior will also be bad if it is based on bad knowledge. Apart from that, behavior that is based on knowledge and awareness will be more lasting than behavior that is not based on knowledge.

CONCLUSION

Oral hygiene is a crucial aspect of maintaining the continuity of the lips, tongue, and oral mucosa, preventing infection, and moisturizing mouth and lip membranes. A study conducted at Bhayangkara Hospital Makassar, found that 60.0% of nurses carried out oral hygiene measures appropriately, while 33.3% did so inappropriately. This is due to the majority of nurses having a high level of education and good knowledge, as well as the patient's capacity exceeding the nurse's work capacity. Research by Mila Sulistianingrum (2009) found a significant relationship between knowledge, attitudes, and nurse behavior in implementing oral hygiene in stroke patients. Higher education also facilitates the ability to receive information from others and mass media, leading to better decision-making abilities. Two components play a role in implementing oral hygiene care: attitude and behavioral. The mouth is a gateway for disease and can become pathogenic if the host response is disturbed. Unconscious patients are more susceptible to dry saliva secretion on their mucosa, which can cause infections.

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