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SYSTEMATIC REVIEW ARTICLE

Palliative Care Nurses' Experiences of Oral Hygiene Care: Qualitative Systematic Review

Experiência dos Enfermeiros de Cuidados Paliativos Relacionada com o Cuidado de Higiene Oral: Revisão Sistemática Qualitativa

Experiencia de los Enfermeros de Cuidados Paliativos en el Cuidado de la Higiene Bucal: Revisión Sistemática Cualitativa

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Abstract
Introduction: Although nurses recognize the importance of oral hygiene care, the literature highlights relevant gaps in its implementation in palliative care.
Objective: To characterize nurses' experiences in providing oral hygiene care to palliative patients.
Methodology: A qualitative systematic review was conducted in accordance with the Joanna Briggs Institute (JBI) guidelines. Inclusion and exclusion criteria were defined based on the population, the phenomenon of interest, and the context. The search was carried out in the CINAHL, MEDLINE, Nursing & Allied Health Collection, and Scopus databases, with no time restrictions. Study selection, methodological appraisal, and meta-aggregation analysis were conducted by two independent reviewers.
Results: Four studies were included, yielding 21 unequivocal findings, culminating in a synthesized finding: despite its impact on comfort and well-being in end-of-life patients, nurses frequently neglect oral hygiene care in palliative care settings. This neglect is associated with institutional constraints, lack of resources, debilitating symptoms, and patient resistance.
Conclusion: Nurses' experiences are marked by institutional and structural barriers, as well as difficulties with patient adherence.

Keywords: nursing; oral health; oral hygiene; palliative care; end of life care; hospice and palliative care nursing

Resumo
Introdução: Embora os enfermeiros reconheçam a importância dos cuidados de higiene oral, a literatura evidencia lacunas relevantes na sua implementação em cuidados paliativos.
Objetivo: Caracterizar a experiência dos enfermeiros na prestação de cuidados de higiene oral em cuidados paliativos.
Metodologia: Revisão sistemática qualitativa segundo as diretrizes do Joanna Briggs Institute. Definiram-se critérios de inclusão e exclusão segundo população, fenómeno de interesse e contexto. A pesquisa foi realizada nas bases de dados CINAHL, MEDLINE, Nursing & Allied Health Collection e Scopus, sem restrição temporal. A seleção, a avaliação metodológica e a análise por meta-agregação foram realizadas por dois revisores independentes.
Resultados: Foram incluídos quatro estudos, dos quais emergiram 21 resultados inequívocos, culminando numa síntese: os cuidados de higiene oral em cuidados paliativos são frequentemente negligenciados pelos enfermeiros, apesar do impacto no conforto e bem-estar da pessoa em fim de vida. Esta negligência associa-se a limitações institucionais, escassez de recursos, sintomas debilitantes e resistência dos doentes.
Conclusão: A experiência dos enfermeiros é marcada por barreiras institucionais e estruturais, bem como por dificuldades na adesão dos doentes.

Palavras-chave: enfermagem; saúde oral; higiene bucal; cuidados paliativos; cuidados de fim de vida; enfermagem de cuidados paliativos

Resumen
Introducción: Aunque el personal de enfermería reconoce la importancia de los cuidados de higiene bucal, la bibliografía pone de manifiesto importantes carencias en su aplicación en los cuidados paliativos.
Objetivo: Describir la experiencia de los enfermeros en la prestación de cuidados de higiene bucal en cuidados paliativos.
Metodología: Revisión sistemática cualitativa según las directrices del Instituto Joanna Briggs (JBI). Se definieron criterios de inclusión y exclusión en función de la población, el fenómeno de interés y el contexto. La búsqueda se llevó a cabo en las bases de datos CINAHL, MEDLINE, Nursing & Allied Health Collection y Scopus, sin restricciones temporales. La selección, la evaluación metodológica y el análisis mediante metagregación fueron realizados por dos revisores independientes.
Resultados: Se incluyeron cuatro estudios, de los que se obtuvieron 21 resultados inequívocos, que dieron lugar a una síntesis: los cuidados de higiene bucal en cuidados paliativos suelen ser descuidados por el personal de enfermería, a pesar de su impacto en el bienestar y la comodidad de las personas en la etapa terminal de la vida. Este descuido se debe a limitaciones institucionales, escasez de recursos, síntomas debilitantes y resistencia de los pacientes.
Conclusión: La experiencia de los enfermeros se ve marcada por barreras institucionales y estructurales, así como por dificultades para lograr que los pacientes sigan el tratamiento.

Palabras clave: enfermería; salud bucal; higiene bucal; cuidados paliativos; cuidado en el final de la vida; enfermería de cuidados paliativos al final de la vida

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Introduction

The World Health Organization (WHO) defines palliative care as an approach aimed at improving the quality of life of people with life-limiting illnesses and their families through the prevention and relief of suffering, with early identification, assessment, and treatment of physical, psychosocial, and spiritual problems (WHO, 2020). This care is provided by specially trained multidisciplinary teams in hospital, community, or other settings (WHO, 2020). In palliative care, nurses provide interventions that promote comfort and dignity, addressing the person's physical, social, and spiritual needs (Moran et al., 2024). Oral symptoms are common in palliative care (Silva et al., 2024; Walsh et al., 2023) and significantly affect well-being and quality of life (Serra et al., 2025). Oral hygiene, tailored to individual needs, contributes to the management of these symptoms (Serra et al., 2025), including assessment of the oral cavity, control of dental plaque, reduction of salivary microorganisms, and tissue hydration (Coker et al., 2013).

Although nurses recognize the importance of this care, they face challenges in implementing it (Gustafsson et al., 2021). Understanding professionals' experiences is essential for tailoring interventions to the context and recipients (Craig et al., 2018). The literature highlights the need for further research on professionals' perspectives on oral hygiene care (Kvalheim & Strand, 2022; Özer, 2024). A search conducted in January 2024 across the CINAHL, MEDLINE, and PROSPERO databases did not identify any systematic reviews on the topic, underscoring its relevance. Thus, this review aimed to analyze and synthesize palliative care nurses' experiences with oral hygiene care.

Methodology

Given the research question: "What is the experience of palliative care nurses regarding oral hygiene care for patients in palliative care?", we conducted a qualitative systematic review in accordance with the guidelines of the Joanna Briggs Institute (JBI; Lockwood et al., 2024).

Eligibility criteria

The PICo strategy was used to define the scope: Population (P) refers to nurses on specialized palliative care teams; Phenomenon of Interest (I) is the experience of oral hygiene care provided by nurses to palliative care patients; and Context (Co) includes specialized palliative care settings such as inpatient services, community teams, and in-hospital units. The review included qualitative studies such as phenomenological research, Grounded Theory, ethnographic work, descriptive qualitative studies, and mixed-methods research focusing on nurses' experiences with oral hygiene care for palliative care patients, provided that data on the study population were available. Languages accepted were Portuguese, English, and Spanish, matching the reviewers' language proficiency. The time frame was from 2000 to 2024, with no limits to ensure all relevant studies were captured (Lockwood et al., 2024). Quantitative studies with populations that did not include nurses and with ineligible phenomena of interest were excluded.

An a priori protocol was developed, but it was not documented due to time constraints.

Search strategy and study selection

The search strategy was designed systematically. Initially, a preliminary search was conducted in the CINAHL Complete (EBSCO), MEDLINE Complete (EBSCO), Nursing & Allied Health Collection: Comprehensive (EBSCO), and Scopus databases. The search strategy was refined based on an analysis of keywords in the titles, abstracts, and subject headings of the studies initially identified. Subsequently, we developed a comprehensive search strategy, tailored to each database, using a combination of controlled descriptors and natural language terms. We did not search the gray literature. Search in the CINAHL Complete (EBSCO) database: (MH "Clinical Nurse Specialists+") OR TI nurs* OR AB nurs* OR AB registered nurse OR TI registered nurse OR (MH "Palliative Care Nurses") OR (MH "Palliative Care Nursing") AND (MH "Oral Health") OR (MH "Oral Hygiene+") OR (MH "Mouth Care+") OR TI oral care OR AB oral care AND (MH "Palliative Care") OR (MH "Hospices") OR (MH "Hospice Care") OR TI end of life OR AB end of life OR AB end of life care OR TI end of life care. Search in MEDLINE Complete (EBSCO): (MH "Nursing+") OR (MH "Nursing Care+") OR AB registered nurse OR TI registered nurse OR TI nurs* OR AB nurs* OR AB clinical nurse specialist OR TI clinical nurse specialist OR TI palliative care nursing OR AB palliative care Nursing OR AB palliative care nurses OR TI palliative care nurses AND (MH "Oral Health") OR (MH "Oral Hygiene+") OR AB oral care OR TI oral care OR TI mouth care OR AB mouth care AND (MH "Palliative Care") OR (MH "Terminal Care+") OR (MH "Hospices") OR (MH "Hospice Care") OR AB end of life OR TI end of life OR TI end of life care OR AB end of life care. Search in Nursing & Allied Health Collection: Comprehensive (EBSCO): (DE "NURSING") OR (DE "PALLIATIVE care nurses") OR (DE "PALLIATIVE care nursing") OR TI clinical nurse specialist OR AB clinical nurse specialist OR AB registered nurse OR TI registered nurse OR TI Nurs* OR AB Nurs* AND (DE "ORAL health") OR (DE "ORAL hygiene") OR TI oral care OR AB oral care OR AB mouth care OR TI mouth care AND (DE "HOSPICE care") OR (DE "HOSPICES") OR TI palliative care OR AB palliative care OR AB end of life OR TI end of life OR TI end of life care OR AB end of life care. Search in Scopus: TITLE-ABS-KEY ("clinical nurse specialists" OR "nurs*" OR "registered nurse" OR "palliative care nurses" OR "palliative care nursing" AND "oral health" OR "oral hygiene" OR "mouth care" OR "oral care" AND "palliative care" OR "hospices" OR "hospice care" OR "end of life" OR "end of life care").

The references were imported into Rayyan (Qatar Computing Research Institute, Doha, Qatar), and duplicate studies were removed. Selection was conducted by two independent reviewers, who screened titles and abstracts for eligibility.

Assessment of methodological quality
The review was conducted by two independent reviewers after a pilot test of one of the studies. All identified studies were included, regardless of their methodological quality.

Data extraction
Data extraction was conducted by two independent reviewers using the standardized JBI SUMARI tool and the meta-aggregation approach. Data were extracted on the population, context, and the phenomenon of interest, as well as on the findings and illustrations, which were categorized based on credibility. Disagreements between reviewers during the selection process were resolved by consensus, without the need for intervention by a third reviewer. The search results were presented in full in the final version of the review, organized according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021; Figure 1).

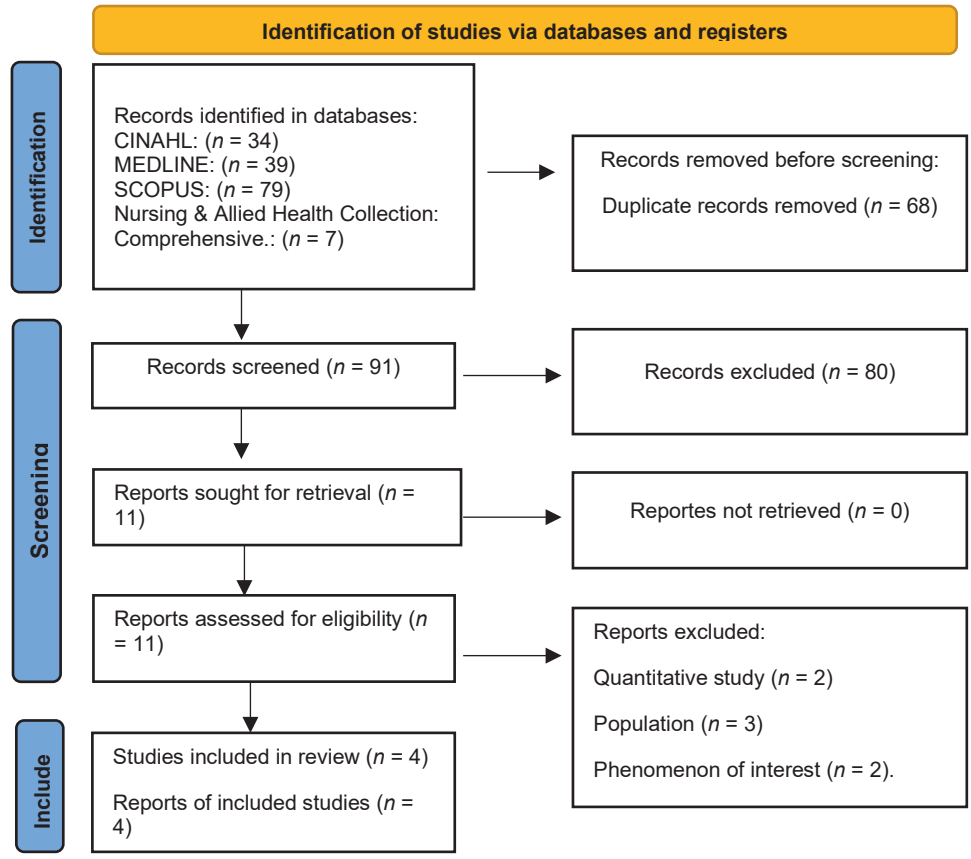
Data synthesis
The results were synthesized through meta-aggregation, which involved grouping them by meaning similarity, thereby generating a set of statements representing the aggregation.

Results

This review included four studies, with their characteristics outlined in Table 2. A total of 21 findings were identified, categorized into four groups, and a synthesized finding was created (see Table 3).

Figure 1

Search results and study selection and inclusion



The methodological quality of the included studies was assessed using the JBI Critical Appraisal Checklist for Qualitative Research (Lockwood et al., 2015; Table 1). All studies demonstrated high methodological quality in the key criteria of consistency between methodology, methods, and data interpretation, as well as in the ethical and appropriate representation of participants' voices.

Table 1

Assessment of methodological quality

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Bernardes Delgado M, Latour J, Neilens H, Griffiths S. 2021.	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Gustafsson A, Skogsberg J, Rejnö Å. 2021.	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Venkatasalu M, Murang Z, Husaini H, Idris D, Dhaliwal J. 2020.	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Kong A, George A, Villarosa A, Agar M, Wiltshire J, Srinivas R, Parker D. 2020.	Y	Y	Y	Y	Y	N	N	Y	Y	Y
TOTAL	100%	100%	100%	100%	100%	25%	0%	100%	100%	100%

Note. *Y* = Yes; *N* = No

Table 2

Characteristics of included studies

Título/País	**Data collection and analysis methods**	**Phenomenon of Interest**	**Participant Characteristics**	**Description of Key Findings**
Oral care experiences of palliative care patients, their relatives, and health care professionals: A qualitative study (Bernardes et al., 2021). Reino Unido	Phenomenological study. Semi-structured interviews; thematic analysis with a phenomenological approach.	Experiences with oral hygiene care for patients in palliative care, their families, and healthcare professionals.	12 participants (4 patients, 4 family members, 4 healthcare professionals)	Oral hygiene care is neglected in palliative care.
Oral health plays second fiddle in palliative care: An interview study with registered nurses in home healthcare. (Gustafsson et al., 2021). Suécia	Exploratory qualitative study. Individual interviews; qualitative content analysis with a descriptive approach.	Nurses' perceptions of oral hygiene care in home-based palliative care.	9 registered nurses working in home-based palliative care, all with experience caring for people with palliative care needs.	Oral hygiene care is often neglected in palliative care settings, despite its recognized importance. Training is needed to adequately address the oral hygiene needs of palliative care patients.
Why oral palliative care takes a backseat? A national focus group study on experiences of palliative doctors, nurses and dentists (Venkatasalu et al., 2020). Brunei Darussalam	Exploratory qualitative study. Data collection through focus groups, with qualitative thematic analysis.	Healthcare professionals' perceptions of oral hygiene care for palliative care patients, including practices and challenges.	25 healthcare professionals: 7 palliative care nurses, 4 palliative care physicians, 4 oncologists, 6 dentists, and 4 oncology nurses. 60% women, 52% with more than 15 years of experience.	Oral hygiene care for palliative care patients is often neglected due to inadequate training, poor service integration, and limited awareness of its importance.
Perceptions of nurses towards oral health in palliative care: A qualitative study (Kong et al., 2020). Austrália	Exploratory qualitative study. Qualitative study using focus groups and thematic analysis to explore nurses' perceptions of oral hygiene care.	Nurses' perceptions regarding oral hygiene care in palliative care.	18 palliative care nurses participated: 10 hospital nurses and 8 community nurses. The majority were female.	Oral hygiene is often neglected in palliative care, and there is a need for more adequate training and resources for nurses in this area.

Table 3

Meta-synthesis of the findings

Finding	Category	Synthesized finding
Taking a back seat (i) (Venkatasalu et al., 2020)	1.1. Oral hygiene care: an often-neglected aspect	1. The provision of oral hygiene care in palliative care is often neglected by nurses, even though they recognize its significant impact on the comfort and well-being of patients nearing the end of life. This oversight stems from institutional barriers, a lack of resources, debilitating symptoms, and, at times, patient resistance.
Opportunistic oral care (i) (Venkatasalu et al., 2020)		
Oral health is easily overlooked in palliative care (i) (Gustafsson et al., 2021)		
Oral health is everybody's but in reality nobody's responsibility (i) (Gustafsson et al, 2021)		
They refused and refused (i) (Venkatasalu et al., 2020)	1.2. Barriers to oral hygiene care	
Challenging healthcare resources and oral palliative care (i) (Venkatasalu et al., 2020)		
Oral symptoms (i) (Bernardes et al., 2021)		
Fatigue (i) (Bernardes et al., 2021)		
Barriers to receiving oral care: a structural issue (i) (Kong et al., 2020)		
Explorar vias alternativas de acesso aos serviços dentários (i) (Kong et al., 2020)		
Patient integrity can be an obstacle for oral health (i) (Gustafsson et al., 2021)		
Self-care (i) (Bernardes et al., 2021)	1.3. Regular oral hygiene practices	
Oral care by others (i) (Bernardes et al., 2021)		
Aggravating factors (i) (Bernardes et al., 2021)		
Daily relief factors (i) (Bernardes et al., 2021)		
Attitudes (i) (Bernardes et al., 2021)		
Learning from experiences (i) (Bernardes et al., 2021)		
Oral health is important in the palliative care setting (i) (Kong et al., 2020)		
Training, guidance, and counselling (i) (Bernardes et al., 2021)	1.4. Training can help improve oral hygiene care	
Additional training could enhance what nurses already do (c) (Kong et al., 2020)		
Focus on oral health is urgently needed (i) (Gustafsson et al., 2021)		

Note. (i) = Unequivocal; (c) = Credible.

The reliability of the synthesized results was assessed using the ConQual approach (Table 4).

Table 4

ConQual assessment

Synthesized finding			
The provision of oral hygiene care in palliative care is often neglected by nurses, even though they recognize its significant impact on the comfort and well-being of patients nearing the end of life. This oversight stems from institutional barriers, a lack of resources, debilitating symptoms, and, at times, patient resistance.			
Type of research	Dependability	Credibility	ConQual Score
Qualitative	High	High	High
Comment			
Dependability: Three studies scored 3/5 one study scored 4/5. Donwgrade 1 level. Moderate denpendability. Credibility: 20 results were classified as unequivocal. The rating remains high, and the ConQual score is moderate.			

Oral hygiene in palliative care is frequently overlooked by nurses, even though it significantly affects patients' comfort and well-being at the end of life. This oversight often results from institutional barriers, limited resources, severe symptoms, and sometimes, patient resistance.

Although nurses consider oral hygiene essential, its implementation varies due to structural constraints, missing guidelines and protocols, and insufficient targeted training. The absence of clear guidelines results in inconsistent practices driven by healthcare professionals' personal

perceptions, further diminishing the importance of oral hygiene in palliative care.

Discussion

Oral hygiene care is often neglected due to the absence of protocols, a lack of specific training, and nurse burnout (Bernardes et al., 2021; Venkatasalu et al., 2020). Organizational barriers, such as a lack of appropriate materials, limited time, and insufficient institutional support, contribute to the low priority given to oral hygiene care (Kong et al., 2020). Failure to provide oral hygiene care may constitute missed nursing care (Kalisch et al., 2009). Time constraints and nurses' prioritization of care are at the root of this phenomenon (Papathanasiou et al., 2024). The Multinational Association of Supportive Care in Cancer and the International Society of Oral Oncology recommend structured approaches to relieve xerostomia, such as salivary stimulation and moisturizing agents, to improve comfort (Jones et al., 2022). However, in practice, oral hygiene care is inconsistent and often reactive, falling short of evidence-based recommendations calling for systematic, preventive interventions (Jones et al., 2022). Evidence indicates that regular oral hygiene care and the inclusion of dentists in multidisciplinary teams have a positive impact, leading to better prevention and management of oral symptoms (Martins & Barros, 2023; Serra et al., 2025; Suzuki et al., 2025; Uhlig et al., 2024). Although there is literature on adverse effects, such as xerostomia in cancer patients, there is still a lack of specific guidelines for advanced stages of the disease (Palma et al., 2024). Evidence indicates that the oral symptoms experienced by people in palliative care affect their well-being and quality of life (Dourieu et al., 2024; Serra et al., 2025).

Many nurses recognize the importance of oral hygiene care yet feel constrained by limited training and insufficient organizational support, underscoring the need for capacity-building strategies and clinical leadership to transform practice (Kong et al., 2020). Educational initiatives and adherence to best-practice guidelines can significantly improve oral hygiene care in palliative care settings (Sajwani et al., 2024; Yau et al., 2025).

Among the review's limitations are the small number of studies, the language restriction (Portuguese, English, and Spanish), and the exclusion of gray literature, which may have limited the inclusion of relevant evidence. Due to time constraints, the review was not registered, although it was confirmed that no other review on the topic is currently underway. The included studies focus exclusively on palliative care, which may limit the transferability of the results to other contexts. However, the high methodological quality and the ConQual assessment support the applicability of the findings in similar contexts.

Future research could examine the effects of training and clinical protocol implementation on nurses' adherence to oral hygiene care in palliative care.

Conclusion

A synthesized finding was developed by aggregating 21 findings extracted from the included studies and organizing them into four categories: oral hygiene care: an often-neglected aspect, barriers to oral hygiene care, regular oral hygiene practices, training can help improve oral hygiene care.

The experiences of nurses in palliative care reveal institutional challenges, structural barriers, and difficulties with patient compliance. Despite recognition of the importance of oral hygiene, the absence of protocols and gaps in professional training lead to fragmented, inconsistent practices.

The evidence points to the need to develop specific protocols for palliative care, as well as training initiatives that promote knowledge and quality in its provision. The definition of quality indicators related to oral symptoms and oral hygiene is also relevant.

Future research should examine the development and implementation of effective, sustainable interventions over time, drawing on nurses' experiences in hospital and community settings.

Oral hygiene is essential for managing oral symptoms and significantly contributes to the quality of life in palliative care. This review highlights the need to improve current practices.

Author contributions

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Writing – review & editing: Serra, R. D.

Thesis/Dissertation

This article is based on a Master's thesis in Nursing, specializing in Medical-Surgical Nursing and focusing on palliative care, titled "Oral Hygiene Care for Palliative Care Patients," presented at the School of Health Sciences of the Polytechnic Institute of Beja in 2024.

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