

UNIVERSITY WEST

Oral Health Care Planning

**A conceptual model based on collaboration
and person-centred care**

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ACADEMIC DISSERTATION

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Abstract

The body of evidence about how oral health and general health are intertwined is growing. However, aspects of oral health care seem to be difficult to integrate with general health care processes. Especially older adults with frailty are at risk of poor oral health and thereby also reduced quality of life. Globally, barriers to integration of oral health care aspect in health care processes have been identified on micro-, meso- and macro-levels. Notably, the prerequisites for integration all seem to rely on learning. Therefore, much could be gained from approaching these barriers to integration through theories and practices of learning when doing health care planning. As such, the aim of this thesis is to develop a conceptual model for person-centred oral health care planning through work-integrated learning. Using the theory of expansive learning and with an overall action research approach, data was gathered through three interventions based on collaboration between older adults and staff in dental and municipal care. Mixed methods were used including individual interviews (Study I, II and III), totalling 50 interviews with older adults (n=24), dental hygienists (n=13) and nurses in municipal care organisations (n=13). Additional data include data from a Swedish quality register, a course evaluation and protocols from multi-professional meetings in municipal care organisations (Study II) as well as transcriptions from 24 teambased oral assessments conducted in older adults' home settings (Study III). In Study IV, a plan for an evaluation of a new person-centred, multiprofessional work model for oral assessments in home settings is put forward. The interventions based on collaboration appear to foster a novel type of agency, allowing all participants to understand what holds value for each party. A prerequisite for this is to, in different ways, share translational areas for knowledge to be integrated. Under these conditions, learning can be characterised as expansive and empowering, prompting participants to reinvent themselves and broaden their own and others' horizons. From the overall findings a conceptual model with key determinants to facilitate person-centred, collaborative oral health care planning is proposed. It schematically represents the role of all participants and their unique context. Each participant brings their own understanding, shaped and created by their contexts and history. The participants' shared, collective understanding has the potential to influence oral health care planning by tailoring it to meet the specific needs, values and preferences of each participant.