

SYSTEMATIC REVIEW OPEN ACCESS

Barriers and Enablers to Nurses Routinely Screening for Oropharyngeal Dysphagia in Hospitalised Older Adults: An Evidence Synthesis of Qualitative Studies

Caroline Smith¹  | Lizelle Bernhardt^{1,2}  | Linda Birt¹  | Allan Clark³ | Dharinee Hansjee⁴  | Joseph C. Manning¹  | Lynn MacDiarmid²  | Paresh Parmar⁵  | Noelle Robertson¹  | David Wright¹ 

¹University of Leicester, Leicester, UK | ²Leicestershire Partnership NHS Trust, Glenfield, UK | ³University of East Anglia, Norwich, UK | ⁴University of Greenwich, London, UK | ⁵Northwick Park Hospital, Harrow, UK

Correspondence: Caroline Smith (caroline.smith@leicester.ac.uk)

Received: 30 June 2025 | **Revised:** 21 August 2026 | **Accepted:** 26 August 2026

Keywords: barriers and facilitators | older adults | screening | secondary care | swallowing difficulties | systematic review

ABSTRACT

Aim: To identify and describe the barriers and enablers to nurses routinely screening for dysphagia in hospital and map these to domains in the Theoretical Domains Framework.

Design: Systematic review with meta-ethnography.

Data Base Sources: CINAHL, Embase, PubMed, Scopus, Clinical Trials and World Health Organisation trials registry (database inception to November 2024).

Methods: The review protocol was registered on PROSPERO ([CRD42024608080](https://www.crd42024608080)). Studies set in stroke and older adult wards were included. Data were coded as barriers or enablers, mapped to the original authors' themes and then synthesised into higher-level themes. Barrier and enabler codes were also mapped to domains in the Theoretical Domains Framework.

Results: From 6750 studies identified, six were included. None of the included papers were conducted in an older adult ward setting. Four high-level themes were developed: (i) The surrounding environment, (ii) Variation in practice, (iii) Influence of knowledge and skills, and (iv) The value of dysphagia screening. Identified barriers and enablers were predominantly mapped to 'Environmental context and resources,' 'Knowledge,' 'Beliefs about capabilities' and 'Beliefs about consequences' Theoretical Domains Framework domains.

Conclusions: For successful dysphagia screening, nurses require adequate training, a standardised screening tool and sufficient environmental support. Further work is required to contextualise these findings specifically to older adult ward settings.

Impact: To introduce routine nurse screening for dysphagia into different contexts, this paper provides guidance on how to set up and create a theory informed service. Mapping of barriers and enablers to the Theoretical Domains Framework can facilitate the development of a behaviour change intervention through the framework's linkage to a taxonomy of behaviour changes strategies.

Reporting Method: ENhancing Transparency in REporting the synthesis of Qualitative research.

Patient or Public Contribution: Patient and public involvement focused on interpretation of findings, ensuring the review identified patient-relevant priorities.

Trial Registration: PROSPERO registration number: CRD42024608080

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2026 The Author(s). *Journal of Advanced Nursing* published by John Wiley & Sons Ltd.

1 | Background

Oropharyngeal dysphagia, hereafter referred to as dysphagia, is a common symptom presenting in many diseases associated with ageing. As such, dysphagia is considered a geriatric syndrome (Baijens et al. 2016). It is characterised as difficulty 'forming or moving a bolus safely from the oral cavity to the oesophagus' (Baijens et al. 2016, 1404). Dysphagia is believed to be present in almost half of adults in hospital (Makhnevich et al. 2022; Doan et al. 2022). However, some estimates suggest that seven out of ten adults aged > 74 years have undiagnosed dysphagia (Montero et al. 2025).

Dysphagia is known to be a significant risk factor for aspiration pneumonia (Nativ-Zeltzer et al. 2022) and is a common cause of death in people with stroke, Parkinson's disease and dementia (Armstrong and Mosher 2011; Dilmaghani et al. 2022; Zuo et al. 2022). In patients with dementia, it is a significant predictor of poorer outcomes during hospitalisation and increases costs by 30% per case compared to those without dysphagia (Paranji et al. 2017).

Older people with dysphagia have also been shown to be three times more likely to experience medication errors on the ward (Kelly et al. 2011). Patients with dysphagia report the importance of being given the most appropriate medication (Kelly et al. 2010). Therefore, medication reviews are recommended to simplify administration processes and minimise the opportunity for error where identified, as necessary (Wright and Crawford 2017). Referral of patients with dysphagia for a safe-swallow assessment by a speech and language therapist and review of medications can improve clinical care and patient outcomes (Makhnevich et al. 2022).

Screening for dysphagia is a clinical process which enables early identification of people with suspected dysphagia who require referral and formal assessment(s) by a specialist (such as speech and language therapists). Consequently, this allows for potential diagnosis and management of the health condition (Speyer et al. 2022). Screening for dysphagia in stroke wards has enabled the prevention of adverse outcomes, earlier initiation of dysphagia assessment and management, and maximal recovery potential (Hinchey et al. 2005; Cichero et al. 2009; Sherman et al. 2021; Zhang et al. 2022; Middleton et al. 2019; Okuni and Ebihara 2022). The importance of early dysphagia screening in this population has also been recognised in the United Kingdom by mandating identification in clinical guidelines (National Clinical Guideline for Stroke for the UK and Ireland 2023). A 2021 meta-analysis of studies investigating the benefits of dysphagia screening in stroke patients reported reduced risk of aspiration pneumonia, mortality, dependency, and long hospital admissions for patients (Sherman et al. 2021).

However, dysphagia is currently not routinely screened for in hospitalised older adults (Smithard et al. 2019). Nurses have been identified as a key healthcare profession to deliver dysphagia screening as they provide 24-hour care and are a central point of communication between other healthcare professionals (Heaton et al. 2020; Cichero et al. 2009). Therefore, research has been recommended to develop nurse-led interventions to

routinely screen and refer older adults with dysphagia (Molina et al. 2018).

To facilitate dysphagia screening across other clinical populations, a wide range of simple screening tests have been developed and extensively reviewed (Boaden et al. 2021). However, changing healthcare professionals' behaviour to adhere to best practice is a complex process. Addressing one or some of the barriers and enablers to a behaviour, but not all, is unlikely to be sufficient to change behaviour (Michie 2005). For instance, whilst dysphagia screening tools provide criteria to determine the risk of dysphagia, nurses may report they do not have the skills, confidence, time, or adequate resources to use these tools (Guo et al. 2023).

Therefore, the key barriers and enablers to routine dysphagia screening for patients on older people's wards first need to be identified to facilitate nurses to routinely screen for dysphagia in hospitalised older adults (Bauchner et al. 2001). Upon identifying these barriers and enablers, a behaviour change intervention may be developed to address these barriers and enablers (Skivington et al. 2021). In recognition that complex interventions, such as behaviour change interventions, are frequently ineffective or poorly implemented, the Medical Research Council recommends that theory be used to underpin intervention development (Skivington et al. 2021). The Theoretical Domains Framework is a synthesis of behaviour change theories and provides a lens through which to understand the barriers and enablers to a new behaviour (Atkins et al. 2017). It also provides a framework from which to draw on strategies to address barriers and enablers to facilitate the desired change in behaviour (Atkins et al. 2017).

There have been numerous systematic reviews to collate existing evidence on the prevalence of dysphagia in older adults (Doan et al. 2022; Rajati et al. 2022; Rivelrud et al. 2023; Ribeiro et al. 2024) and the available screening tools for this population (Etges et al. 2014; Boaden et al. 2021; de Jesus Oliveira et al. 2019; Jiang et al. 2016). However, to the best of our knowledge, there are no systematic reviews of qualitative evidence to understand and collate reported barriers and enablers to dysphagia screening by nurses in hospital. Therefore, this meta-ethnography will identify and describe the barriers and enablers to nurses routinely screening for dysphagia in hospital. We will also map identified barriers and enablers to the relevant domains of the Theoretical Domains Framework. This will allow us to identify appropriate strategies to address the barriers and enablers and thus inform the development of the nurse behaviour change intervention (Atkins et al. 2017).

2 | Systematic Review With Meta-Ethnography

Within healthcare literature, systematic reviews are conducted to synthesise relevant evidence in order to provide comprehensive understanding of a clinical issue (Lasserson et al. 2023). Qualitative syntheses enables us to analyse and synthesise multiple primary research studies. This provides greater insights into a phenomena than would be offered when considering a single study or multiple studies in isolation (Sattar et al. 2021). Meta-ethnography, a type of qualitative synthesis, facilitates

researchers' understanding of a phenomena by considering the raw data (i.e., participant quotes) and the original researchers' interpretations (i.e., themes) (Sattar et al. 2021). This develops a 'higher order' understanding by transferring these experiences and interpretations across the different studies (Britten et al. 2002). In turn this can support the conceptual development of a model, framework or refined theory. For example, this meta-ethnography will support the development of a logic model for the behaviour change intervention. This logic model will present our hypothesis for how the intervention could work to support nurses to routinely screen for dysphagia in hospitalised older adults (GOV.UK 2018).

3 | Methods

This systematic review protocol was registered on PROSPERO (CRD42024608080) and is reported in accordance with the ENhancing Transparency in REporting the synthesis of Qualitative research (see File S1) (Tong et al. 2012).

3.1 | Eligibility Criteria

Table 1 provides the inclusion and exclusion criteria. Qualitative or mixed method studies based in older adult and stroke wards, which focus on the provision of dysphagia screening, were included.

Dysphagia screening is considered routine practice in stroke wards, with a strong body of research evidence to support this practice. Therefore, this review included studies reporting on the

barriers and enablers to dysphagia screening on stroke wards. We acknowledge that there are significant differences between stroke wards, where dysphagia screening is standard practice, and older people's wards. However, it is likely that data from stroke wards may provide greater insight into the barriers and enablers to its implementation and how it has been incorporated into nursing practice to date. Systematic reviews, abstracts, conference presentations and papers with no empirical qualitative data were excluded.

3.2 | Search Strategy

Initial search strategies were performed on the Medline database to identify appropriate synonyms and Medical Subject Headings and to refine the inclusion and exclusion criteria where appropriate. Search terms were synonyms for 'hospital' (Setting), 'dysphagia', 'screening' (Outcome), and 'qualitative' (Study design). The final search strategies are provided in File S2.

The finalised search strategy was applied to Medline, CINAHL, EMBASE, Scopus, Clinicaltrials.gov, and the WHO International Clinical Trials Registry Platform. Trial registries were searched in addition to article databases to capture all relevant trials (which may not be published or appear in conventional databases). This is in line with best practice and reporting standards (Higgins et al. 2024). Ongoing trials registered on Clinicaltrials.gov and the WHO International Clinical Trials Registry platforms were excluded.

All databases/registers were searched from database/register inception to November 2024 (time of search).

TABLE 1 | Eligibility criteria.

Inclusion criteria	
Population	Healthcare professionals providing oropharyngeal dysphagia screening or assessment
Outcome	Data relating to factors which are barriers and/or enablers to healthcare professionals routinely screening for oropharyngeal dysphagia Barriers and/or enablers must be explicitly stated by authors or appear to be an important part of the findings
Setting	Patients receiving care on older people's wards or stroke wards
Study design	Primary research Qualitative and mixed methods studies
Publication type	Peer-reviewed journal articles and registered trials
Exclusion criteria	
Systematic reviews, abstracts or conference presentation	
Papers with no empirical qualitative data	
Ongoing trials	
Studies reporting on patients receiving care on wards other than care for the older people's or stroke wards for example, cancer wards, or which include these patients amongst patients on older people's or stroke wards, but do not differentiate	
Studies only reporting on the perspectives and experiences of speech and language therapists in relation to oropharyngeal dysphagia screening and/or assessment	

To ensure the search was comprehensive, reference lists and citations of papers selected for data extraction were also reviewed.

3.3 | Literature Screening

Search results from each database were imported into Rayyan software and duplicates removed. Titles and abstracts were screened in Rayyan by three researchers. The first reviewer (CS) independently screened all articles, cross-checking against the study's inclusion and exclusion criteria. The second (LB) and third (DW) reviewers each independently reviewed one half of the retrieved articles. Where abstracts did not provide sufficient detail, were not available or not written in English, the full text was sought. If the full text was not available in English, the paper was excluded. Disagreements regarding inclusion for the full text screening were discussed by the first and second reviewers. The third reviewer was consulted where agreement was not reached.

The full text of potentially eligible papers was then obtained and reviewed independently in Rayyan by the first and third reviewers against the eligibility criteria. This established a definitive list of papers for inclusion. Reasons for excluding papers at full text screening were documented. Disagreements at full-text screening were discussed to achieve agreement. The second reviewer was consulted where agreement was not reached.

3.4 | Data Extraction

During full text screening, data from included papers were extracted by the first reviewer and inputted into a Microsoft Excel document. This document recorded data relating to: study year, aim(s), country, setting, sample size, healthcare profession(s) recruited, patient population (older people's or stroke ward), data collection and analysis methods, dysphagia screening tool(s) used by participants, a summary of findings and the quality of the evidence (see 3.5 Quality appraisal). We also extracted any data relating to protected characteristics of patients/participants. This would determine if and to what extent, protected characteristics had been considered when investigating the barriers and enablers to dysphagia screening in hospital. Accuracy of data extraction was assessed by the second reviewer on a 20% sample. Discrepancies were discussed and resolved between the first and second reviewers.

3.5 | Quality Appraisal

Quality appraisal occurred concurrently with data extraction. Included papers were assessed using the 10-item Critical Appraisal Skills Programme (CASP) assessment tool for qualitative research (Long et al. 2020). Whilst we did include mixed-methods studies in the review, the CASP assessment tool for qualitative research was still used to assess these papers as only the qualitative data from these papers would be extracted and synthesised. Quality appraisal in these papers, therefore, was only assessed in relation to the reporting of the qualitative element. We recognised that word limits in peer-reviewed journals may not facilitate the comprehensive reporting of qualitative research within mixed-methods papers.

The quality of included papers was reported with a mark out of ten, that is, 8/10 and labelled as 'high quality,' 'moderate quality' or 'low quality' using Butler et al.'s quality scoring criteria (Butler et al. 2016). The first and second reviewers independently assessed all included papers. Discrepancies were discussed and resolved between the first and second reviewers. Papers were not excluded based on their quality, but a sensitivity analysis was conducted with low quality papers removed to determine if this affected review findings.

The outcome of the CASP assessment was also used to inform the assessment of confidence in the review findings (see Assessment of confidence in findings) (Lewin et al. 2015).

3.6 | Data Synthesis

Data synthesis was undertaken in two phases.

3.6.1 | Phase 1—Inductive Synthesis

To synthesise data, included papers were imported into NVivo software (NVivo R1 2020). The first reviewer then began identifying all themes and sub-themes developed by the study authors (second order constructs) and coded these with their given labels in NVivo. Participant quotes (first order constructs) as well as the authors' interpretations and descriptions of focus group data (second order constructs) were then coded as barriers (B) or enablers (E) to routine dysphagia screening in hospital. The code name also included a brief description of the barrier or enabler for example, *B. Nurses do not believe they have the skills to conduct dysphagia screening*. These codes were grouped under their correlating theme (and sub-theme where provided).

As papers from different settings (e.g., stroke wards) to that of our target setting (older adult wards) were included in the review, barriers and enablers which were specific to the stroke ward context were not coded, for example, screening for dysphagia within the mandated time frame for stroke patients. Similarly, as this review aimed to understand the barriers and enablers to nurses screening for dysphagia, when extracting data, we focused on data which captured the experiences of nurses rather than other healthcare professionals, for example, speech and language therapists.

Related themes from across the included papers were then synthesised into higher-level concepts relating to the barriers and enablers reported by healthcare professionals (third order constructs). Participant quotes and the authors' interpretations were referred to throughout this process to establish the relationships across themes from the different studies. The second and third reviewers reviewed this grouping to achieve agreement.

3.6.2 | Phase 2—Deductive Mapping to the Theoretical Domains Framework

A duplicate of the NVivo file from Phase 1 was created. Third (current study team's higher-level interpretations from synthesised data) and second order constructs (author interpretations

of focus group data) were removed. The 14 domains of the Theoretical Domains Framework were added into the NVivo file as high-level codes. The remaining barrier and enabler codes of first order constructs (participant quotes) were then mapped to the appropriate Theoretical Domains Framework domain. Mapping to the Theoretical Domains Framework domains was independently verified by the second and third reviewers.

3.7 | Assessment of Confidence in Findings

Confidence in the evidence is the extent to which a review finding represents the phenomenon of interest (Lewin et al. 2018). To assess confidence in the findings from this systematic review, the Grading of Recommendations Assessment, Development, and Evaluation-Confidence in the Evidence from Reviews of Qualitative research (GRADE-CERQual) was used (Lewin et al. 2015). The GRADE-CERQual process provides guidance for assessing how much confidence to place in review findings from qualitative evidence syntheses. The degree of confidence for each review finding is based on four components:

1. The methodological limitations (determined in this review by the CASP assessment).
2. The relevance of studies to the review question.
3. The coherence of data from the primary studies underpinning the review findings.
4. The adequacy (i.e., richness) of data contributing to the review findings.

After assessing against these four components, each review finding can be assigned one of four confidence levels: high, moderate, low, and very low (Lewin et al. 2015, 2018).

4 | Results

4.1 | Literature Search

From 6750 studies identified from the primary search, 6 were included in the final meta-ethnography analysis (see File S3 for study characteristics). No additional studies were found through reference or citation searching. The PRISMA flow diagram (Figure 1) provides the literature search and screening process (PRISMA Executive 2025).

Two studies were conducted in the United Kingdom (Benfield et al. 2022; Eltringham et al. 2019), one in Portugal (de Jesus Oliveira et al. 2020), one in China (Guo et al. 2023), one in Australia (Murray et al. 2021) and one in Denmark (Nielsen et al. 2025). Five of the six studies explored dysphagia screening practices on stroke wards/units. No studies were conducted on older people's hospital wards. Three studies used qualitative methods (Benfield et al. 2022; Eltringham et al. 2019; de Jesus Oliveira et al. 2020), the other three studies used a mixed-methods approach (Guo et al. 2023; Murray et al. 2021; Nielsen et al. 2025). Most studies conducted semi-structured interviews for their qualitative data collection (Benfield et al. 2022; Eltringham et al. 2019; Guo et al. 2023; Murray et al. 2021)

and used thematic analysis to analyse their data (Benfield et al. 2022; Eltringham et al. 2019; Murray et al. 2021; Nielsen et al. 2025). The largest group of healthcare professional participants across the six studies were nurses ($n=78$), followed by speech and language therapists ($n=7$) and doctors ($n=7$), and occupational therapists ($n=1$). Three studies reported barriers and/or enablers to dysphagia screening in patients with protected characteristics (Benfield et al. 2022; Murray et al. 2021; Nielsen et al. 2025).

4.2 | Quality Appraisal

Breakdown of the CASP assessment for each of the included studies is provided in File S4. Two of the studies were rated as high quality (Benfield et al. 2022; Eltringham et al. 2019), three as moderate (Guo et al. 2023; Nielsen et al. 2025; Murray et al. 2021) and one as low (de Jesus Oliveira et al. 2020). Across all six studies there was either unclear or no reporting in relation to researcher reflexivity and consideration of the researcher-participant relationship. After conducting sensitivity analysis to remove the one study rated as low quality (de Jesus Oliveira et al. 2020), the evidence underpinning the four themes was reviewed. Due to the minimal evidence from this study which was coded and mapped to developed themes, removing this study from the synthesised data had no impact on the evidence underpinning each theme.

4.3 | Phase 1—Inductive Synthesis Results

From synthesis of first (participant quotes) and second order constructs (authors' description/discussion of the data, sub-themes and themes) across the six studies, four overarching themes were developed to capture the barriers and enablers to routine dysphagia screening in hospital: (1) The surrounding environment, (2) Variation in practice, (3) Influence of knowledge and skills and (4) The value of oropharyngeal dysphagia screening. File S5 provides an overview of the four themes (third constructs) and the second (author interpretations) and first (participant quotes) order constructs mapped within these.

4.3.1 | The Surrounding Environment

Timely screening of dysphagia and sufficient time to screen for dysphagia were significantly influenced by participants' surrounding environment (Eltringham et al. 2019; Guo et al. 2023; Murray et al. 2021). Inefficient systems or processes when organising, monitoring and recording dysphagia screening were barriers reported across several studies (Eltringham et al. 2019; Guo et al. 2023; Murray et al. 2021). This hindered inter-disciplinary collaboration and care, causing healthcare professionals to incorrectly assume patients had already been screened (Eltringham et al. 2019) or patients to be screened twice (Guo et al. 2023). Participants across several studies also reported difficulties in accessing the required resources to complete dysphagia screening, leading to delays for example, misplaced screening tools (Murray et al. 2021), unavailable food

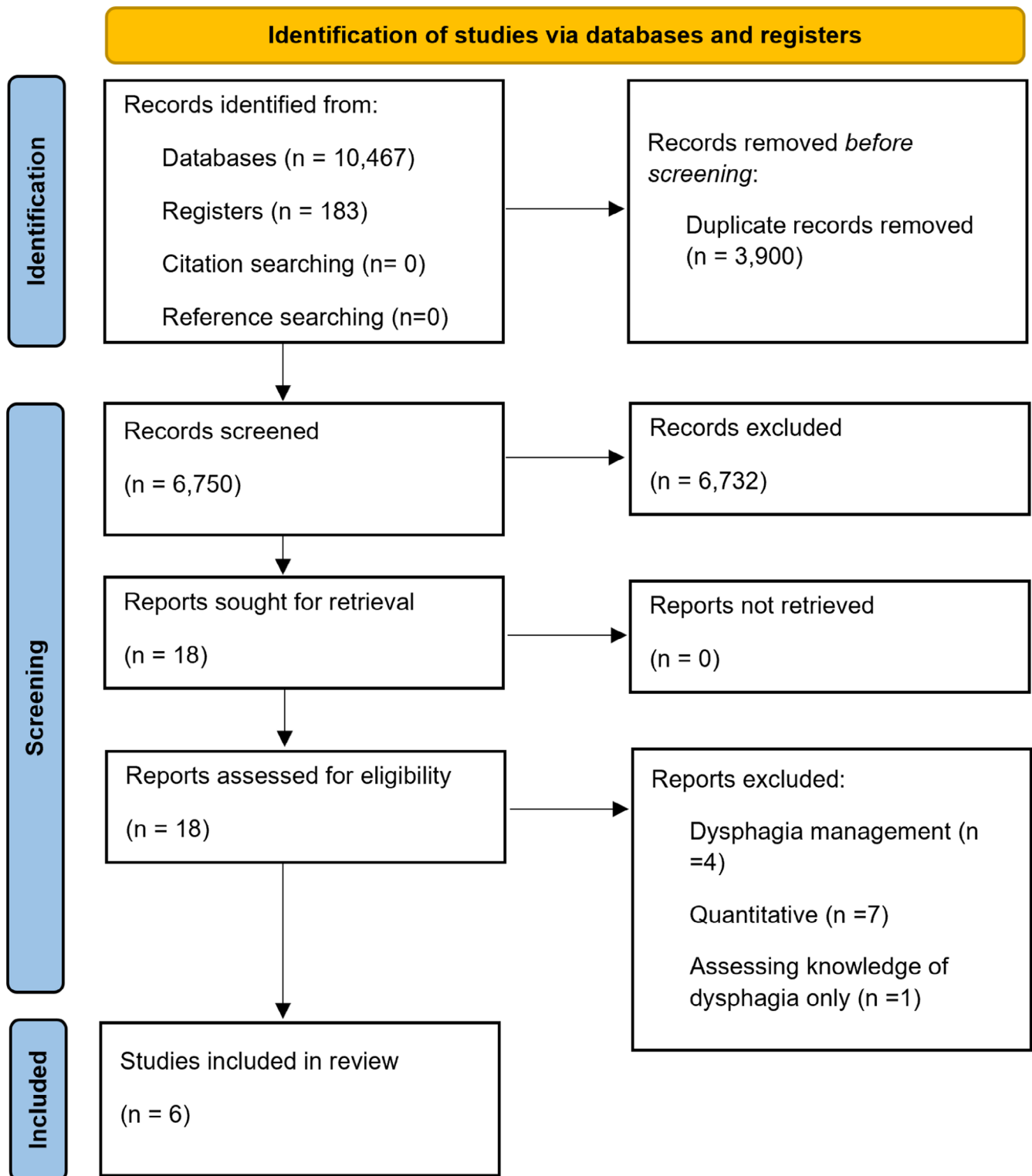


FIGURE 1 | PRISMA flow diagram of the primary search results and screening process.

items (Benfield et al. 2022) and broken equipment for instrumental assessments (Eltringham et al. 2019).

Delays to dysphagia screening were also reported to result from ‘*competing nursing demands*’ (Murray et al. 2021, 525). For participants across two studies, this arose due to other patient needs taking medical priority (Eltringham et al. 2019; Murray et al. 2021), and was exacerbated when other dysphagia trained staff were not

on duty (Murray et al. 2021). Some participants were described as being ‘*uncomfortable*’ with the amount of time required to conduct a dysphagia screen (Guo et al. 2023, 3792), and thus screening may be rushed and/or curtailed (i.e., from ten questions to three) to minimise impact on workload (Guo et al. 2023).

However, healthcare professionals also described how their environment/organisation could facilitate dysphagia screening.

To improve monitoring and documentation of dysphagia screening outcomes, participants in one study proposed a notice which could be placed above patients' beds to show (a) that a screen had been conducted and (b) the outcome of that screen (irrespective of outcome) (Eltringham et al. 2019). Alternatively, nurses in a different study discussed the benefits of shift handovers and reminders in the clinical system to ensure timely completion of dysphagia screens (Guo et al. 2023). Furthermore, praise and recognition from senior staff encouraged compliance with dysphagia screening, despite negative perceptions about the amount of time required to complete it (Guo et al. 2023).

4.3.2 | Variation in Practice

Inefficient systems and processes for dysphagia screening not only provoked uncertainty as to whether and when a patient had been screened, but also how and how thoroughly screening had been undertaken. This was linked to a lack of a recognised screening protocol or tool. Three of the six studies reported healthcare professionals used informal screening processes (Eltringham et al. 2019; Murray et al. 2021) or other clinical indicators/assessments (de Jesus Oliveira et al. 2020).

In all three studies which explored current dysphagia screening practices across different hospitals, a lack of standardised practice was highlighted (Eltringham et al. 2019; de Jesus Oliveira et al. 2020; Guo et al. 2023). One interview study with healthcare professionals across five United Kingdom hospitals found all five used different, locally-developed screening processes, rather than a standardised screening tool (Eltringham et al. 2019). This resulted in different consistencies of fluids trialled, types of modified diet trialled, the number of people involved in the screening process and the level of training required to conduct screening (Eltringham et al. 2019). Variation in practice within the same hospital was also discussed by participants in three studies (de Jesus Oliveira et al. 2020; Guo et al. 2023; Murray et al. 2021). Without a standardised screening process, nurses reflected they may 'prioritise different aspects' (de Jesus Oliveira et al. 2020, 229) of the screen, ultimately affecting the quality and effectiveness of dysphagia screening practices (de Jesus Oliveira et al. 2020; Guo et al. 2023).

Participants from organisations which utilised formal screening processes explained these facilitated the accuracy of dysphagia screening (Benfield et al. 2022) and provided 'a shared language' for dysphagia screening, thereby facilitating inter-disciplinary collaboration (Nielsen et al. 2025, 5).

However, whilst some healthcare professionals felt able to follow formal screening processes 'step by step' (Benfield et al. 2022, 102), others felt decisions regarding when to screen patients, and whether to 'pass or fail' (Murray et al. 2021, 524) a patient could sometimes be 'challenging' (Murray et al. 2021, 524), particularly for patients who were less alert or mobile.

4.3.3 | Influence of Knowledge and Skills

The influence of knowledge and skills facilitated dysphagia screening at the individual, inter-personal and organisational

level and was discussed by participants in all six studies (Benfield et al. 2022; Eltringham et al. 2019; de Jesus Oliveira et al. 2020; Guo et al. 2023; Murray et al. 2021; Nielsen et al. 2025). A lack of dysphagia training, either at undergraduate level or post-qualification, failed to 'adequately prepare' (de Jesus Oliveira et al. 2020, 229) healthcare professionals. This also led to low awareness of the need to screen for dysphagia (Murray et al. 2021) and/or the implications of not screening (Benfield et al. 2022; Murray et al. 2021). Consequently, training was valued by nurses as it developed 'essential' (Benfield et al. 2022, 102) knowledge (Benfield et al. 2022; Guo et al. 2023), 'specialist and intuitive skills' (Benfield et al. 2022, 102) and a clear expectation of their roles in relation to dysphagia screening (Murray et al. 2021). Consequently, education and training developed nurses' sense of 'empowerment' (Nielsen et al. 2025, 5) and confidence (Benfield et al. 2022; Murray et al. 2021) to screen for dysphagia.

Participants across studies noted that training should not be an isolated session, but should be repeated and updated, with frequent opportunities to apply and practice new skills (Benfield et al. 2022; Guo et al. 2023). Opportunities to practice new skills were deemed important for participants who initially 'feared' (Benfield et al. 2022, 8) causing harm when conducting a dysphagia screen, particularly when caring for patients with more complex healthcare needs. Experience and practice also facilitated confidence and competence to conduct dysphagia screening, permitting adaptations to the process where appropriate and necessary for example, for patients with co-morbidities, food allergies, difficulty understanding instructions or language barriers (Benfield et al. 2022).

Participants from organisations which had begun to build a capacity of staff with dysphagia training felt this enhanced the wider dysphagia screening and care process. This enabled staff to learn from one another (de Jesus Oliveira et al. 2020), conduct screens in a more timely manner (Benfield et al. 2022; Murray et al. 2021) and identify patients at risk of dysphagia even when specialists were not on duty (Nielsen et al. 2025).

However, whilst some participants called for yearly training updates and for other healthcare professionals to also receive training, other studies highlighted the time burden of training and maintaining this training for both the participants (nurses) and facilitators (speech and language therapists) (Murray et al. 2021).

4.3.4 | The Value of Oropharyngeal Dysphagia Screening

Despite resource challenges, most of the studies' participants recognised the value of dysphagia screening for the patient, the organisation and themselves. Evaluation of one screening service led nurses to 'reflect more critically' on the safety of patients' swallow and the benefits screening provided, after observing patients' difficulty completing the dysphagia screen (Nielsen et al. 2025, 5). Participants across a further three studies also noted the benefits screening could provide to both patients' physical and mental wellbeing (Benfield et al. 2022; Guo et al. 2023; Murray et al. 2021). Nurses recognised screening facilitated early access to nutrition, hydration and medication, avoidance of non-oral feeding and improved patient mood (Murray et al. 2021).

Participants across two studies also reflected on the organisational benefits of dysphagia screening. For example, allowing healthcare professionals to draw up care and rehabilitation plans (Guo et al. 2023), freeing up dysphagia specialists' time and allowing speech and language therapists to prioritise dysphagia or communication management depending on the screening outcome (Benfield et al. 2022). Finally, screening also brought professional benefits. Dysphagia screening was '*highly valued*' by nursing staff for '*enhancing professional development*' (Benfield et al. 2022, 99). Doctors and other healthcare professionals recognising the value of dysphagia screening, and nurse's role in this, also influenced nurses' practice (Guo et al. 2023).

Recognising these benefits and the value of dysphagia screening may in turn influence healthcare professionals' motivation to carry this out (Guo et al. 2023; Nielsen et al. 2025).

4.4 | Phase 2—Deductive Mapping to the Theoretical Domains Framework Results

Fifty-seven barrier and enabler codes linked to participant quotes (first order constructs), developed from Phase 1 analysis, were deductively mapped to relevant domains in the Theoretical Domains Framework. Ten of the 14 Theoretical Domains Framework domains were addressed from participant quotes (see File S6). Domains with the highest number of codes mapped to them were: 'Environmental context and resources,' ($n=19$), 'Knowledge' ($n=8$), 'Memory attention and decision processes' ($n=7$), 'Beliefs about capabilities' ($n=6$), and 'Beliefs about consequences' ($n=6$). All but three of the ten Theoretical Domains Framework domains had both barrier and enabler codes mapped to them.

4.5 | Assessment of Confidence in Findings

Of the four key findings developed from the Phase 1 synthesis process. The theme 'The surrounding environment' was graded as high confidence. The remaining three themes were graded as moderate confidence. This was due to methodological limitations of studies contributing to the themes 'Variation in practice' and 'Influence of knowledge and skills' as well as minor concerns across all four GRADE-CERQual components for the theme 'Variation in practice'. More detail of the rationale for each of these gradings is provided in the GRADE CERQual evidence profile (File S7).

5 | Discussion

This meta-ethnography aimed to identify and describe the barriers and enablers to nurses routinely screening for oropharyngeal dysphagia in hospital. Findings from six studies have been synthesised into four key themes: (i) The surrounding environment, (ii) Variation in practice, (iii) Influence of knowledge and skills, and (iv) The value of oropharyngeal dysphagia screening. This can inform considerations for the development of a screening service for nurses working in older adult hospital wards. Whilst the synthesised evidence does not originate from our target context, findings from this review may offer meaningful

insights for older adult hospital wards. Patients across both clinical groups often present with overlapping clinical features and there are also comparable features to nurses working environments across these groups, such as navigating time constraints, working within multidisciplinary teams and protocol-driven practices. Therefore, the behavioural determinants identified and reported in this review can serve as a foundational basis from which to build our understanding of how to support nurses in older adult ward settings to routinely screen for dysphagia.

Participants' awareness of the value of screening for dysphagia was a key enabler reported in several of the studies included in this review. Nurses ascribed value to screening through identifying positive impacts for patients' mental and physical wellbeing. A new dysphagia screening service for older adult hospital wards may capitalise on this by, for example, using patient-reported outcome measures to incentivise nurses to conduct dysphagia screening (Kynoch et al. 2022). However, dysphagia screening was not only valued in relation to patient benefit, but also in relation to the nursing role and organisational benefits. This aligns with previous research investigating more general influences on nurses work motivation. A 2018 scoping review of nurses' work motivation found opportunities for professional development and organisation infrastructure were all key influences. Promotion of a behaviour (i.e., dysphagia screening) which positively impacts these factors may, therefore, be a key motivator for nurses to accept and adopt a screening service in older adult hospital wards (Baljoon et al. 2018).

For an efficient dysphagia screening service to be implemented in older adult hospital wards, several elements in nurses' surrounding environment will also likely need to be addressed. Studies in this review highlighted a disconnect between healthcare professionals' inter-personal and organisational environment. As in many healthcare fields and settings, time and workload were key factors influencing dysphagia screening practices. Yet healthcare professionals' surrounding environment exacerbated the impact of dysphagia screening on their workload due to inefficient systems for example, misplacing screening tools. One key consideration may, therefore, be the modality by which dysphagia screening is conducted and recorded that is, physical or electronic. For example, an electronic screening process could be incorporated into existing clinical systems with prompts to remind nurses to screen patients. This may facilitate the integration of dysphagia screening into healthcare professionals' routine practice. Better systems to record and monitor dysphagia screening may in turn facilitate inter-personal collaboration between nurses, speech and language therapists and pharmacists for improved dysphagia management. A 2023 systematic review of the impact and influence of digital health systems on nursing practice reported increased completeness and comprehensiveness of documentation processes. In turn this lead to clearer communication of patient planning and improved nurse satisfaction in the development and delivery of care (Hants et al. 2023).

An appropriate dysphagia screening tool will also be critical to ensure standardised and effective screening practices. The use of a validated screening tool, with high sensitivity and specificity, can improve patient safety and outcomes whilst minimising impact to speech and language therapists' workload (Park et al. 2020; Swift et al. 2020). Yet, half of the studies included in

this review used informal screening processes to detect dysphagia. Similarly, a 2024 systematic review of dysphagia screening tools used in acute care settings found only 24% of the 165 tools identified were validated against instrumental dysphagia assessments (Chang et al. 2024). The lack of a 'gold standard' screening tool has been a key limiter to dysphagia practice and topic in dysphagia research for several years (Speyer et al. 2022). Whilst a 2021 Cochrane review put forward recommendations for the best dysphagia screening tools in stroke survivors (Boaden et al. 2021), within the context of older adult wards minimal research has been conducted. Furthermore, with such varied practice across and even within hospital settings, development of the service will not only need to consider how to facilitate nurses to undertake dysphagia screening, but also how to 'de-implement' non-standardised dysphagia screening practices.

Whilst a standardised approach can facilitate effective dysphagia screening practices, the service should in no way be prescriptive. Given the heterogeneity of the target patient population (older adults) a bespoke approach will likely also be required to accommodate for linguistic, cultural, religious, cognitive etc., differences (an area not well explored in the field of dysphagia) (Werden Abrams et al. 2024). Cultural adaptations to consider in service development and delivery could include; language, race, gender or culture matching to patients, provision of additional support (e.g., translated materials) and culturally-relevant information (Boyce et al. 2014). To support equitable delivery of dysphagia screening in older adult wards, the nurse behaviour change intervention could; increase awareness of current disparities in dysphagia care for individuals from different cultural and ethnic backgrounds and provide access to resources which support engagement with patients from culturally and linguistically diverse patients. For example, a 2026 systematic review exploring the nature of practice in dysphagia care for culturally diverse patients identified the 'Cultural Key Phrases Tool' (Perri et al. 2026, 518), a mobile app to translate clinical assessment questions through pictorial, written and auditory prompts when interpreters are not easily available (Perri et al. 2026; Georgiou et al. 2015).

To ensure nurses feel confident and competent to deliver this bespoke approach, ongoing education and training may provide the necessary knowledge and skills. Dysphagia screening education and training delivered in other healthcare settings could help to inform the content, delivery and materials of educational strategies for a service in older adult hospital wards. For example, hospital nursing staff in a 2020 observational study in Australia undertook a 40-min e-learning training course to improve their knowledge on the normal swallow, dysphagia and its' adverse outcomes, use of a screening tool, the importance of patient monitoring and safe swallow strategies (Heaton et al. 2020). All six included studies acknowledged education and training as a key factor. However, the duration and frequency of these sessions must be carefully planned to protect workload, boost staff attendance, and sustain long-term screening skills.

5.1 | Strengths and Limitations

To the best of our knowledge, this is the first review to synthesise and analyse qualitative investigations of healthcare

professionals' dysphagia screening practices in hospitals. Synthesising this data has identified barriers and enablers to dysphagia screening across personal, inter-personal and organisational levels. Use of a comprehensive theoretical framework, such as the Theoretical Domains Framework enables consideration of barriers and enablers at these different contextual levels for example, 'Environmental context and resources' and 'Social/professional role and identity'. Deductive analysis of the data from included studies using this theoretical framework, highlighted key behavioural mechanisms the screening service may need to address, including 'Environmental context and resources,' 'Knowledge,' 'Memory, attention and decision processes,' 'Beliefs about capabilities,' 'Beliefs about consequences' and 'Social/professional role and identity'.

Furthermore, through the framework's linkage to a taxonomy of behaviour change techniques, future research can identify and select the '*active ingredients*' to comprise the screening service. These will support nurses working in older adult wards to routinely screen for dysphagia via the identified behavioural mechanisms (Michie et al. 2008, 3). For example, nurses working on stroke wards, where screening is already conducted, recognised the benefits this provided to patient outcomes. This enabler was mapped to the TDF domain 'Beliefs about consequences'. A behaviour change technique linked to this TDF domain is 'Information about health consequences' (Michie et al. 2008). In an intervention to increase nurses' hand hygiene compliance, this behaviour change technique was operationalised as messages on the importance of hand hygiene, delivered by an intervention facilitator (Sands and Aunger 2021). Another example might be to support nurses to feel confident in their skills to screen for dysphagia (TDF domain 'Beliefs about capabilities'). One behaviour change technique associated with this TDF domain is 'Verbal persuasion about capability'. One potential operationalisation of this behaviour change technique is the use of local clinical champions, as utilised in a 2016 randomised control trial to support the uptake of the T3 intervention; a nurse-initiated care bundle targeting emergency department triage, treatment (including swallow management) and transfer (Craig et al. 2017). In older adult wards, adopting a similar championed approach could offer nurses continuous verbal reinforcement at the bedside. Such roles may directly address hesitations around dysphagia screening, particularly in complex presenting patients (e.g., patients with co-morbidities, food allergies, difficulty understanding instructions or language barriers).

However, this meta-ethnography was limited by the lack of qualitative research conducted in the field of dysphagia, particularly in older adult wards. No qualitative research investigating dysphagia screening practices in older adult wards was identified. Therefore, this meta-ethnography draws on the findings from studies conducted in different contexts (e.g., stroke wards) and in relation to a different patient population. Finally, the literature search for this review was completed in November 2024. Therefore, relevant studies published after this date will not have been included and the findings may not reflect the most recent evidence. Further empirical investigation with nurses and other key stakeholders is imperative to deepen understanding of the meta-ethnography findings and to contextualise these barriers and enablers within the specific environment of older adult hospital wards.

6 | Conclusion

This robust review of contemporary international evidence has identified critical barriers and enablers, and associated Theoretical Domains Framework domains, that nurses encounter during the routine screening of dysphagia in hospital settings. While no eligible studies were identified specifically within older adult ward settings, synthesising evidence from stroke settings provides valuable insights and transferrable learning across similar acute care environments. Findings from this review contribute to the development of evidence to inform proactive clinical practice. Moving forward, this systematic review will serve as a foundational framework for additional empirical research with nurses, and other relevant staff members (e.g., pharmacists, healthcare assistants etc.), working on older adult wards to contextualise these barriers and enablers to this setting.

Author Contributions

Caroline Smith: conceptualisation, methodology, formal analysis, investigation, writing – original draft, visualisation. **Lizelle Bernhardt:** conceptualisation, methodology, formal analysis, writing – review and editing, supervision. **Linda Birt:** conceptualisation, methodology, writing – review and editing. **Allan Clark:** conceptualisation, writing – review and editing. **Dharinee Hansjee:** conceptualisation, writing – review and editing. **Joseph C. Manning:** conceptualisation, writing – review and editing. **Lynn MacDiarmid:** writing – review and editing. **Paresh Parmar:** writing – review and editing. **Noelle Robertson:** writing – review and editing. **David Wright:** conceptualisation, methodology, formal analysis, writing – review and editing, supervision.

Acknowledgements

Thank you to the members of the programme development grant steering group, Dr. David Smithard and David Turner, for their oversight and guidance during this project. Thank you also to our Patient and Public Involvement members for their review of the meta-ethnography findings in relation to the patient experience.

Funding

This study is part of a wider project funded by the NIHR [Programme Development Grants (NIHR207579)]. L.B. is also part of the NIHR Senior Research Leader Programme for Nursing and Midwifery and J.C.M. is a member of the East Midlands Research for Patient Benefit Panel. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

Disclosure

AI usage disclosure statement: No AI tools were used in the development, drafting, or editing of the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

All data supporting the findings of this review are available within the paper and the [Supporting Information](#).

Peer Review

For transparency, the peer review documents associated with this article are available at <https://doi.org/10.1111/jan.70749>.

References

- Armstrong, J. R., and B. D. Mosher. 2011. "Aspiration Pneumonia After Stroke: Intervention and Prevention." *Neurohospitalist* 1: 85–93. <https://doi.org/10.1177/1941875210395775>.
- Atkins, L., J. Francis, R. Islam, et al. 2017. "A Guide to Using the Theoretical Domains Framework of Behaviour Change to Investigate Implementation Problems." *Implementation Science* 12: 1–18. <https://doi.org/10.1186/s13012-017-0605-9>.
- Baijens, L. W., P. Clavé, P. Cras, et al. 2016. "European Society for Swallowing Disorders—European Union Geriatric Medicine Society White Paper: Oropharyngeal Dysphagia as a Geriatric Syndrome." *Clinical Interventions in Aging* 11: 1403–1428. <https://doi.org/10.2147/CIA.S107750>.
- Baljoon, R., H. Banjar, and M. Banakhar. 2018. "Nurses' Work Motivation and the Factors Affecting It: A Scoping Review." *International Journal of Nursing Clinical Practices* 5: 1–10. <https://doi.org/10.15344/2394-4978/2018/277>.
- Bauchner, H., L. Simpson, and J. Chessare. 2001. "Changing Physician Behaviour." *Archives of Disease in Childhood* 84: 459–462. <https://doi.org/10.1136/adc.84.6.459>.
- Benfield, J. K., A. Hedstrom, S. A. Thomas, P. M. Bath, and T. J. England. 2022. "Experiences of Dysphagia Trained Nurses in the Screening and Early Management of Swallowing in Acute Stroke: A Qualitative Study." *Advances in Communication and Swallowing* 25: 97–107. <https://doi.org/10.3233/ACS-220005>.
- Boaden, E., J. Burnell, L. Hives, et al. 2021. "Screening for Aspiration Risk Associated With Dysphagia in Acute Stroke." *Cochrane Database of Systematic Reviews* 2021: CD012679. <https://doi.org/10.1002/14651858.CD012679.pub2>.
- Boyce, M. B., J. P. Browne, and J. Greenhalgh. 2014. "The Experiences of Professionals With Using Information From Patient-Reported Outcome Measures to Improve the Quality of Healthcare: A Systematic Review of Qualitative Research." *BMJ Quality and Safety* 23: 508–518. <https://doi.org/10.1136/bmjqs-2013-002524>.
- Britten, N., R. Campbell, C. Pope, J. Donovan, M. Morgan, and R. Pill. 2002. "Using Meta Ethnography to Synthesise Qualitative Research: A Worked Example." *Journal of Health Services Research & Policy* 7: 209–215. <https://doi.org/10.1258/135581902320432732>.
- Butler, A., H. Hall, and B. Copnell. 2016. "A Guide to Writing a Qualitative Systematic Review Protocol to Enhance Evidence-Based Practice in Nursing and Health Care." *Worldviews on Evidence-Based Nursing* 13: 241–249. <https://doi.org/10.1111/wvn.12134>.
- Chang, Y., M. Wu, S. Siao, M. Wang, Y. Xu, and C. C. Chen. 2024. "Identifying High-Quality Non-Instrumental Dysphagia Screening Tools for Detection of Adult Dysphagia Case in Acute-Care Settings: A Systematic Review." *Clinical Otolaryngology* 49: 687–698. <https://doi.org/10.1111/coa.14194>.
- Cichero, J. A., S. Heaton, and L. Bassett. 2009. "Triaging Dysphagia: Nurse Screening for Dysphagia in an Acute Hospital." *Journal of Clinical Nursing* 18: 1649–1659. <https://doi.org/10.1111/j.1365-2702.2009.02797.x>.
- Craig, L. E., N. Taylor, R. Grimley, et al. 2017. "Development of a Theory-Informed Implementation Intervention to Improve the Triage, Treatment and Transfer of Stroke Patients in Emergency Departments Using the Theoretical Domains Framework (TDF): The T3 Trial." *Implementation Science* 12: 88. <https://doi.org/10.1186/s13012-017-0616-6>.
- de Jesus Oliveira, I., L. A. N. Da Mota, S. V. Freitas, and P. L. Ferreira. 2019. "Dysphagia Screening Tools for Acute Stroke Patients Available for Nurses: A Systematic Review." *Nursing Practice Today* 6, no. 3: 103–115. <https://doi.org/10.18502/npt.v6i3.1253>.
- de Jesus Oliveira, I., G. Rodrigues Couto, and L. A. Neves da Mota. 2020. "Nurses' Preferred Items for Dysphagia Screening in Acute Stroke Patients: A Qualitative Study." *Nursing Practice Today* 7: 226–233.

- Dilmaghani, S., J. Atieh, L. Khanna, E. A. Hosfield, M. Camilleri, and D. A. Katzka. 2022. "Severity of Dysphagia Is Associated With Hospitalizations and Mortality in Patients With Parkinson's Disease." *Neurogastroenterology and Motility* 34: e14280. <https://doi.org/10.1111/nmo.14280>.
- Doan, T.-N., W.-C. Ho, L.-H. Wang, F.-C. Chang, N. T. Nhu, and L.-W. Chou. 2022. "Prevalence and Methods for Assessment of Oropharyngeal Dysphagia in Older Adults: A Systematic Review and Meta-Analysis." *Journal of Clinical Medicine* 11: 2605. <https://doi.org/10.3390/jcm11092605>.
- Eltringham, S. A., C. J. Smith, S. Pownall, K. Sage, and B. Bray. 2019. "Variation in Dysphagia Assessment and Management in Acute Stroke: An Interview Study." *Geriatrics (Basel)* 4: 60. <https://doi.org/10.3390/geriatrics4040060>.
- Etges, C. L., B. Scheeren, E. Gomes, and L. D. R. Barbosa. 2014. "Screening Tools for Dysphagia: A Systematic Review." *CoDAS* 26: 343–349. <https://doi.org/10.1590/2317-1782/20142014057>.
- Georgiou, A., H. Grain, and L. K. Schaper, eds. 2015. *Driving Reform: Digital Health Is Everyone's Business; Selected Papers From the 23rd Australian National Health Informatics Conference (HIC 2015)*. IOS Press.
- GOV.UK. 2018. *Creating a Logic Model for an Intervention: Evaluation in Health and Wellbeing*. GOV.UK. <https://www.gov.uk/guidance/evaluation-in-health-and-wellbeing-creating-a-logic-model>.
- Guo, Y., L. Guo, X. Dong, et al. 2023. "Nursing Adherence, Barriers and Facilitators to Conduct Post-Stroke Dysphagia Screening and Assessment: A Study Based on Theoretical Domain Framework." *Journal of Clinical Nursing* 32: 3787–3796. <https://doi.org/10.1111/jocn.16623>.
- Hants, L., K. Bail, and C. Paterson. 2023. "Clinical Decision-Making and the Nursing Process in Digital Health Systems: An Integrated Systematic Review." *Journal of Clinical Nursing* 32: 7010–7035. <https://doi.org/10.1111/jocn.16823>.
- Heaton, S., A. Farrell, and L. Bassett. 2020. "Implementation of Hospital Wide Dysphagia Screening in a Large Acute Tertiary Teaching Hospital." *International Journal of Speech-Language Pathology* 22: 95–105. <https://doi.org/10.1080/17549507.2019.1597922>.
- Higgins, J., J. Thomas, J. Chandler, et al. 2024. *Cochrane Handbook for Systematic Reviews of Interventions Version 6.5*. John Wiley & Sons. <https://www.cochrane.org/authors/handbooks-and-manuals/handbook/current>.
- Hinchey, J. A., T. Shephard, K. Furie, D. Smith, D. Wang, and S. Tonn. 2005. "Formal Dysphagia Screening Protocols Prevent Pneumonia." *Stroke* 36: 1972–1976. <https://doi.org/10.1161/01.STR.0000177529.86868.8d>.
- Jiang, J., S. Fu, W. Wang, and Y. Ma. 2016. "Validity and Reliability of Swallowing Screening Tools Used by Nurses for Dysphagia: A Systematic Review | Elsevier Enhanced Reader." *Tzu Chi Medical Journal* 28: 41–48. <https://doi.org/10.1016/j.tcmj.2016.04.006>.
- Kelly, J., G. D'Cruz, and D. Wright. 2010. "Patients With Dysphagia: Experiences of Taking Medication." *Journal of Advanced Nursing* 66: 82–91. <https://doi.org/10.1111/j.1365-2648.2009.05145.x>.
- Kelly, J., D. Wright, and J. Wood. 2011. "Medicine Administration Errors in Patients With Dysphagia in Secondary Care: A Multi-Centre Observational Study: Medicine Administration Errors in Dysphagia." *Journal of Advanced Nursing* 67: 2615–2627. <https://doi.org/10.1111/j.1365-2648.2011.05700.x>.
- Kynoch, K., M. Ameen, M.-A. Ramis, and H. Khalil. 2022. "Use of Patient-Reported Data Within the Acute Healthcare Context: A Scoping Review." *International Journal of Environmental Research and Public Health* 19: 11160. <https://doi.org/10.3390/ijerph191811160>.
- Lasserson, T., J. Thomas, and J. Higgins. 2023. "Chapter 1: Starting a Review." In *The Cochrane Handbook for Systematic Reviews of Interventions*. Version 6.4. Cochrane. <http://www.training.cochrane.org/handbook>.
- Lewin, S., A. Booth, C. Glenton, et al. 2018. "Applying GRADE-CERQual to Qualitative Evidence Synthesis Findings: Introduction to the Series." *Implementation Science* 13: 2. <https://doi.org/10.1186/s13012-017-0688-3>.
- Lewin, S., C. Glenton, H. Munthe-Kaas, et al. 2015. "Using Qualitative Evidence in Decision Making for Health and Social Interventions: An Approach to Assess Confidence in Findings From Qualitative Evidence Syntheses (GRADE-CERQual)." *PLoS Medicine* 12: e1001895. <https://doi.org/10.1371/journal.pmed.1001895>.
- Long, H. A., D. P. French, and J. M. Brooks. 2020. "Optimising the Value of the Critical Appraisal Skills Programme (CASP) Tool for Quality Appraisal in Qualitative Evidence Synthesis." *Research Methods in Medicine & Health Sciences* 1: 31–42. <https://doi.org/10.1177/2632084320947559>.
- Makhnevich, A., A. Marziliano, S. E. Ahmad, et al. 2022. "Factors and Outcomes Associated With Dysphagia in Hospitalized Persons With Dementia." *Journal of the American Medical Directors Association* 23: 1354–1359.e2. <https://doi.org/10.1016/j.jamda.2021.12.027>.
- Michie, S. 2005. "Making Psychological Theory Useful for Implementing Evidence Based Practice: A Consensus Approach." *Quality & Safety in Health Care* 14: 26–33. <https://doi.org/10.1136/qshc.2004.011155>.
- Michie, S., M. Johnston, J. Francis, W. Hardeman, and M. Eccles. 2008. "From Theory to Intervention: Mapping Theoretically Derived Behavioural Determinants to Behaviour Change Techniques." *Applied Psychology* 57: 660–680. <https://doi.org/10.1111/j.1464-0597.2008.00341.x>.
- Middleton, S., P. McElduff, P. Drury, et al. 2019. "Vital Sign Monitoring Following Stroke Associated With 90-Day Independence: A Secondary Analysis of the QASC Cluster Randomized Trial." *International Journal of Nursing Studies* 89: 72–79. <https://doi.org/10.1016/j.ijnurstu.2018.09.014>.
- Molina, L., S. Santos-Ruiz, P. Clavé, L. González-de Paz, and E. Cabrera. 2018. "Nursing Interventions in Adult Patients With Oropharyngeal Dysphagia: A Systematic Review." *European Geriatric Medicine* 9: 5–21. <https://doi.org/10.1007/s41999-017-0009-z>.
- Montero, L., À. Fauró, G. Gómis, et al. 2025. "A Systematic Evaluation for Oropharyngeal Dysphagia in Non-Institutionalized Elderly Patients With Home Care-Based in the Community." *Dysphagia* 40, no. 3: 607–613. <https://doi.org/10.1007/s00455-024-10761-8>.
- Murray, J., J. Havlis, and N. Varvounis. 2021. "Four-Hour Swallow Screening Target for Stroke—From Guidelines to Practice: A Mixed Methods Knowledge Translation Study." *International Journal of Speech-Language Pathology* 23: 519–528. <https://doi.org/10.1080/17549507.2020.1858157>.
- National Clinical Guideline for Stroke for the UK and Ireland. 2023. "Intercollegiate Stroke Working Party." <https://www.strokeguideline.org/>.
- Nativ-Zeltzer, N., Y. Nachalon, M. W. Kaufman, et al. 2022. "Predictors of Aspiration Pneumonia and Mortality in Patients With Dysphagia." *Laryngoscope* 132: 1172–1176. <https://doi.org/10.1002/lary.29770>.
- Nielsen, A. H., R. Winding, B. H. Busk, et al. 2025. "Nurse-Led Dysphagia Screening in the Intensive Care Unit—An Implementation Study." *Australian Critical Care* 38, no. 1: 101100. <https://doi.org/10.1016/j.aucc.2024.07.081>.
- Okuni, I., and S. Ebihara. 2022. "Are Oropharyngeal Dysphagia Screening Tests Effective in Preventing Pneumonia?" *Journal of Clinical Medicine* 11: 370. <https://doi.org/10.3390/jcm11020370>.
- Paranji, S., N. Paranji, S. Wright, and S. Chandra. 2017. "A Nationwide Study of the Impact of Dysphagia on Hospital Outcomes Among Patients With Dementia." *American Journal of Alzheimer's Disease and Other Dementias* 32: 5–11. <https://doi.org/10.1177/1533317516673464>.

- Park, K. D., T. H. Kim, and S. H. Lee. 2020. "The Gugging Swallowing Screen in Dysphagia Screening for Patients With Stroke: A Systematic Review." *International Journal of Nursing Studies* 107: 103588. <https://doi.org/10.1016/j.ijnurstu.2020.103588>.
- Perri, R., D. Khasa, and S. Attrill. 2026. "How Is Dysphagia Conceptualised, Assessed, and Managed With Populations Who Are Culturally Diverse: A Scoping Review." *International Journal of Speech-Language Pathology* 28: 512–528. <https://doi.org/10.1080/17549507.2026.2663896>.
- PRISMA Executive. 2025. "PRISMA." PRISMA Flow Diagram. <https://www.prisma-statement.org/>.
- Rajati, F., N. Ahmadi, Z. A. Naghibzadeh, and M. Kazeminia. 2022. "The Global Prevalence of Oropharyngeal Dysphagia in Different Populations: A Systematic Review and Meta-Analysis." *Journal of Translational Medicine* 20: 175. <https://doi.org/10.1186/s12967-022-03380-0>.
- Ribeiro, M., P. A. Miquilussi, F. M. Gonçalves, et al. 2024. "The Prevalence of Oropharyngeal Dysphagia in Adults: A Systematic Review and Meta-Analysis." *Dysphagia* 39, no. 2: 163–176. <https://doi.org/10.1007/s00455-023-10608-8>.
- Rivelsrud, M. C., L. Hartelius, L. Bergström, M. Løvstad, and R. Speyer. 2023. "Prevalence of Oropharyngeal Dysphagia in Adults in Different Healthcare Settings: A Systematic Review and Meta-Analyses." *Dysphagia* 38, no. 1: 76–121. <https://doi.org/10.1007/s00455-022-10465-x>.
- Sands, M., and R. Augner. 2021. "Development of a Behaviour Change Intervention Using a Theory-Based Approach, Behaviour Centred Design, to Increase Nurses' Hand Hygiene Compliance in the US Hospitals." *Implementation Science Communications* 2: 23. <https://doi.org/10.1186/s43058-021-00124-x>.
- Sattar, R., R. Lawton, M. Panagioti, and J. Johnson. 2021. "Meta-Ethnography in Healthcare Research: A Guide to Using a Meta-Ethnographic Approach for Literature Synthesis." *BMC Health Services Research* 21: 50. <https://doi.org/10.1186/s12913-020-06049-w>.
- Sherman, V., E. Greco, and R. Martino. 2021. "The Benefit of Dysphagia Screening in Adult Patients With Stroke: A Meta-Analysis." *Journal of the American Heart Association* 10: e018753. <https://doi.org/10.1161/JAHA.120.018753>.
- Skivington, K., L. Matthews, S. A. Simpson, et al. 2021. "A New Framework for Developing and Evaluating Complex Interventions: Update of Medical Research Council Guidance." *BMJ* 374: 1–11. <https://doi.org/10.1136/bmj.n2061>.
- Smithard, D., S. Westmark, and D. Melgaard. 2019. "Evaluation of the Prevalence of Screening for Dysphagia Among Older People Admitted to Medical Services—An International Survey." *OBM Geriatrics* 3: 1. <https://doi.org/10.21926/obm.geriatr.1904086>.
- Speyer, R., R. Cordier, D. Farneti, et al. 2022. "White Paper by the European Society for Swallowing Disorders: Screening and Non-Instrumental Assessment for Dysphagia in Adults." *Dysphagia* 37: 333–349. <https://doi.org/10.1007/s00455-021-10283-7>.
- Swift, A., R. Heale, and A. Twycross. 2020. "What Are Sensitivity and Specificity?" *Evidence-Based Nursing* 23: 2–4. <https://doi.org/10.1136/ebnurs-2019-103225>.
- Tong, A., K. Flemming, E. McInnes, S. Oliver, and J. Craig. 2012. "Enhancing Transparency in Reporting the Synthesis of Qualitative Research: ENTREQ." *BMC Medical Research Methodology* 12: 181. <https://doi.org/10.1186/1471-2288-12-181>.
- Werden Abrams, S., A. Kurosu, A. Namasivayam-Macdonald, and FRONTIERS Collaborative. 2024. "Participant Characteristics for Dysphagia Research: A Proposed Checklist." *American Journal of Speech-Language Pathology* 33: 2196–2206. https://doi.org/10.1044/2024_AJSLP-22-00183.
- Wright, D., and H. Crawford. 2017. *Consensus Guideline on the Medication Management of Adults With Swallowing Difficulties*. Mebendium Group Publishing Ltd.
- Zhang, G., Z. Li, H. Gu, et al. 2022. "Dysphagia Management and Outcomes in Elderly Stroke Patients With Malnutrition Risk: Results From Chinese Stroke Center Alliance." *Clinical Interventions in Aging* 17: 295–308. <https://doi.org/10.2147/CIA.S346824>.
- Zuo, M., W. Yue, D. Zhang, et al. 2022. "Survival and Causes of Death Among People With Clinically Diagnosed Dementia With Lewy Bodies: A Multicenter Cohort Study." *International Journal of Geriatric Psychiatry* 37: gps.5826. <https://doi.org/10.1002/gps.5826>.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. **File S1:** ENhancing Transparency in REporting the synthesis of Qualitative research (ENTREQ)(1). **File S2:** Full search strategies (from data base inception to time of search, 08/11/2024). **File S3:** Study characteristics. **File S4:** CASP qualitative checklist quality appraisal. **File S5:** Overview of the four themes (third constructs) and second (author interpretations) and first (participant quotes) order constructs mapped within these. **File S6:** Domains in the Theoretical Domains Framework and associated first order constructs (participant quotes) relating to the barriers and enablers to nurses routinely screening for oropharyngeal dysphagia in hospital. **File S7:** Grading of Recommendations Assessment, Development and Evaluation's Confidence in Evidence from Reviews of Qualitative (GRADE-CERQual) research evidence profile.