

## Nurses Experiences Regarding Tracheostomy Care at a Private Hospital ICU, Windhoek, Khomas Region, Namibia

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### Abstract

**Back ground:** There is a rising recognition of the need for a harmonised, methodical approach to caring for patients with tracheostomy. Tracheostomy associated adverse events remain a destructive global problem, accounting for half of all airway-related death and hypoxic brain damage in critical care units

**Methodology:** In this study, the researcher selected a qualitative, explorative, descriptive and contextual design to explore and describe nurses' experiences regarding care of patients with tracheostomy care in ICU at Roman Catholic Hospital in Windhoek, Khomas Region.

**Findings:** Four themes emerged from this study which indicated that participants experiences were commitment, scary experiences, strict supervision and lack of skills.

**Conclusion:** The participants indicated that to care for a patient with tracheostomy one should be dedicated, more over participants experiences fear and need to be supervised as they lack necessary skills to care for tracheostomy.

**Keywords:** Tracheostomy, Nurses, Care

### Introduction

Tracheostomy is a medical procedure which comprises of making an incision on the anterior aspect of lower part neck and opening a direct airway through an incision in the windpipe, which may be temporary or permanent. Tracheostomy is performed for various reasons, all involving restricted airways. It is mostly done in emergency when the airway is blocked and it could be used when a disease or other problems makes normal breathing impossible. Therefore, airway obstruction is a medical emergency that provides an artificial airway support such as use of endotracheal tubes or creating tracheostomy. To sustain the patency of the airway, a competent nurse is required to deliver care for such kind of patient, to help in provision of care, education of patients, their relatives and other person involved in the care. Tracheostomy is one of the oldest known surgical procedures where an individual natural airway is compromised and required long term ventilation. High risk of morbidity and mortality including the potential for litigation are usually associated

with complications of tracheostomies hence malpractice round the tracheostomy care constitute a big health problem. Most of the time, patient die from complications related to poor tracheostomy care and poor practices.

There is a rising recognition of the need for harmonised, methodical approach to caring for patients with tracheostomy. Tracheostomy associated adverse events remain a destructive global problem, accounting for half of all airway-related death and hypoxic brain damage in critical care units [1]. However, globally this condition has brought attention from health facilities to collaborate on Tracheostomy in order to improve patient safety and quality of care, emphasising knowledge, skills, teamwork and patient-centred approaches. According to Yelverton et al as cited in Gaterega, Mwiseneza and Chironda (2021) in a study done in Africa, the same health condition is observed and care is being provided by the nurses although, little is known about knowledge and practices regarding tracheostomy care among

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the nurses which mostly led to negatively impacting the client's outcomes in some of the African countries. Furthermore, in Sub-Saharan Africa few studies to date have described tracheostomy practice patterns for adult ICU patients in low- and middle-income countries [2]. The researcher did not find relevant data on knowledge and practices regarding tracheostomy care among nurses in Namibia, it is therefore important that the researcher conduct a study on nurse's experiences regarding tracheostomy care among nurses at a Private hospital ICU, Windhoek, Khojas region.

### **Purpose of the Study**

The purpose of the study was to explore nurse's experiences regarding tracheostomy care at a Private Hospital, ICU Windhoek, Namibia.

### **Significant of the Study**

The finding of the study will help the Private Hospital to improve the quality and safety care in patients with tracheostomy. The study will also impact knowledge on ICU nurses, other health care professionals and the community that will come across this study. The research findings might also be crucial in bringing up improvements in health care practices and on policy making regarding tracheostomy care. Furthermore, the study might add to the existing body of knowledge within ICU Roman Catholic Hospital and other hospitals.

### **Research Design**

In this study, the researcher selected a qualitative, explorative, descriptive and contextual design to explore and describe nurses experiences regarding care of patients with tracheostomy care in ICU at Roman Catholic Hospital in Windhoek, Khomas Region.

The researcher opted for this design to provide rich data on the unknown nurses experiences regarding care of patients with tracheostomy in ICU at a Private Hospital in Windhoek, Khomas Region.

### **Research Setting**

The study setting was the Roman Catholic ICU, The Roman Catholic Hospital is a private hospital in the Khomas Region.

### **Population**

The population of this study were all nurses that were working in the ICU Private at the time of the study. The Private Hospital ICU employs 10 nurses

### **Sampling**

The researcher employed a non-probability purposive sampling to gain in depth understanding on the experiences of nurses regarding care of patients with tracheostomy in ICU, Private Hospital, Khomas region until data saturation is met. The data saturation was reached at 5 participants.

### **Inclusive Criteria and Exclusive Criteria**

The nurses from the ICU Private Hospital with one year experience, were included in this study. The nurses had experienced caring for patients with Covid-19.

The nurses who transferred this year from other facilities and

nurses that started employment this year were not be included in this study.

### **Data Collection Process**

Data collection commence with face to face individual interviews at the time when the ethical clearance was issued by the University of Namibia and permission received from the Ministry of Health and Social Service Namibia and the Superintendent from the Roman Catholic Hospital. All nurses were approached at their place of work during their break time for voluntary participation. The researcher and the prospective participants agreed on a suitable date, time and venue for the individual face to face interviews out of their work schedule. The researcher explained the entire data collection process in detail, including the recording of discussions and field notes, prior to the face to face interviews. Verbal permission was sought from the participants and informed consent was signed. The researcher prepared the room to encourage openness during the discussions. Face to face interviews with the individual from each of the targeted nurses was conducted until data saturation was reached at 5 nurses. Participants were given numbers for identification and direct quoting to protect the participants identity.

### **Data Collection Instrument**

The researcher designed an interview guide and present it to her supervisor to confirm the interview questions.

The main question to participants will be: *What are your experiences regarding care of patients with tracheostomy, Roman Catholic Hospital, Khomas Region?* Probing questions were posed to participants to get as rich and complete data as possible.

### **Data Analysis**

The data collected was transcribed verbatim, organized, analyzed, and interpreted by the researcher through the eight steps of Tesch's method of data analysis.

These steps of Tesch's include (a) preparing the data (transcription of interviews), (b) reading transcripts repeatedly to achieve immersion and obtain a sense of the whole (c) making notes on the transcripts listing the different types of information found in the text, (d) defining the unit of analysis using themes (representing expressions of ideas or an issue of relevance as the unit of analysis versus linguistic units, (e) developing a coding scheme to organise data in a comprehensible way. (f) code all text, (g) make conclusions from coded data, and (h) describe and interpret findings.

Field notes were triangulated with the recorded data. The researcher repeatedly listened to the recorded data to identify the main ideas and assign codes to similar ideas. The related codes were grouped and themes and subthemes were identified and supported by verbatim quotes from participants. Findings were further be presented in the form of in-depth descriptions, supported by relevant literature control.

### **Trustworthiness**

The trustworthiness of this study was ensured by using the criteria of credibility, transferability, dependability and confirmability.

## Research Ethics

Permission was obtained from the school of Nursing and Public Health Faculty of Health Science and Veterinary Medicine research ethical committee and from the Roman Catholic management. There after a consent was gained from the participants prior to the self-administered questionnaire.

## Results

### Demographic Data

The demographic data indicates that the participants were all female registered to senior registered nurses and they were between the ages of 25 to 39 with working experiences of between one (1) year and ten (10) years.

The researcher collected and recorded the primary data from 5 participants. The table below summarises the demographic data of participants from the interview.

**Table 1: Demographic information of the participants**

Participant	Age	Gender	Years of work experiences	Rank
P1	36	Female	10	Senior registered nurse
P2	31	Female	3	Registered Nurse
P3	25	Female	1	Junior registered nurse
P4	39	Female	6	Senior registered
P5	25	Female	2	Registered nurse

During the process of data collection, four themes emerged from this study which indicated that participants experiences were commitment, scary experiences, strict supervision and lack of skills.

**Table 2: Themes**

Theme 1	Commitment
Theme 2	Scary experience
Theme 3	Strict supervision
Theme 4	Lack of skills

### Commitment from Colleagues

Most participants indicated that tracheostomy care requires commitment this was shown by the following quotes:

*“Another challenge that I have encountered is that I have seen is that the tracheostomy catheter is supposed to be changed daily, sometimes we find that they have not done it or change it daily” (P1).*

*“One also need to be caution when dealing with tracheostomy care, it is also important because, you don’t want the tube to displace or cause bleeding. (P2).*

*“The challenge is just for the tube dislodge or the patient might aspirate due to secretions and the tube might get bloused by the secretions and the patient will result in to difficulties in breathing or respiratory distress, so it is vital to close monitor them” (P3).*

Tracheostomy care needs dedicated continues nursing care to prevent complications.

### Theme 2: Scary Nursing Experience

Most participants alluded that they were sceptical when nursing a patient with tracheostomy as they were afraid of the tube dislodging, or hurting the patient while turning or sanctioning them. The below quotes are evidence.

*“I must admit that it is a bit of scary experience and it is because we were taught that after tracheostomy that the patient is quite prone to bleed, so whenever you do tracheostomy care especially after it has been done (procedure) the first care you give post op, it is quite a scary experience, cause now you have to observe the patient and be very cautious for the risk of bleeding, the risk of the tube displacement, you know, you need at least two people to assist in the care, one to secure and hold it in position and the other one to clean around the site, I would say it is a bit of a scary situation because of the risks that they might occur, like for example the bleeding or the tube displacement. And another factor also is that patients with tracheostomy, with the turning of the patient in doing the back and pressure care its quite also anxious, it causes anxiety because one need to be very cautious when you turn to keep the tube in position so that it doesn’t displace, furthermore, I think that all in all, once you get a hang of it and you know the procedure to follow then it’s not so nerve wrecking anymore to say” (P2).*

*“The main challenge is just the fear of the tube to come out or dislodge or maybe it’s just the tube that I am always worried about” (P3).*

*“I still have anxiety feeling where you sometimes feel like if you turn the patient, maybe you could accidentally extubate the patient, there are some instances where you have to be very sceptical and very cautious and sensitive especially regarding care”*

(P4).

Participants raised concern that they felt frightened by rendering care to tracheostomy patients, this was due to lack of guidance and skills.

### Theme 3: Strict Supervision to Junior Colleagues

Some participants indicated that strict supervision was needed while caring for patients on tracheostomy, this was due to the fact that the procedure is fragile and inappropriate care could lead to more serious complications. The below quotes were mentioned by the participants.

*“When we delegate the juniors and are not supervised properly sometimes they are not doing suctioning properly, also not just doing it but the quality of suctioning are they doing it right? are they doing it the way it’s supposed to be done” (P1).*

*“For newly trained staff because they do not know how to handle it per say and sometimes they don’t ask for assistance. That is why it’s important for the Senior Nurses to supervise, to be there to assist and guide in terms of that” (P2).*

*“During delegations, competent nurses should be delegated with tracheostomy patients and if juniors are delegated to such patients, spot check/supervision and spot teaching should be made the priority” (P3).*

Juniors and inexperience nurses need supervision to prevent medical legal hazards in the ICU.

### Theme 4: Lack of nursing skills to care for patient

Participants raised their views that they lacked the experiences of caring for patients with tracheostomy as they were not trained in doing so. This is evident by the below quotes:

*“Furthermore, continuous learning is required by conducting in-service training, on spot check supervision on new staffs and so on” (P1).*

*“I think in-service training on tracheostomy care, teach the staff on tracheostomy care, demonstrating to the newly appointed nurses in ICU during orientation, sending the nurses for training like, Postgraduate courses to upgrade themselves in ICU, I believe that if you are trained and have knowledge on how to care for such patient, you will do it once and effectively and that will prevent unnecessary care. Therefore, emphasis should be placed on training and educating nurses on tracheostomy care” (P2).*

*“We need more of in-service training on tracheostomy care on how to do suctioning, how to care for patients with tracheostomy just a refresher. Juniors need to be trained until they have developed competency in caring for tracheostomy patients. For them to feel comfortable in taking care of such patients,” (P3).*

*“Training, supervision of juniors, spot teaching and evaluation on their performance care rendered” (P4).*

*“Especially regarding tracheostomy not everyone is familiar with the care of tracheostomy, so in-service training and super-*

*vision by our In-charges or Senior Registered Nurses. Tracheostomy is not really exposed to students so much so when one become a Registered Nurse then exposure is more” (P5).*

Nurse need to attend refresher courses, and further their studies to gain more knowledge on the care of tracheostomy, for them to function independently.

## Discussions

### Commitment

Nursing a patient with tracheostomy one has to be committed and offer holistic nursing care. This evidence was in line with findings from the study by Timbrell & Jankowski (2018) stating that nurses have a continuous responsibility to assess the patient’s airway for adequate oxygenation and to prevent complications after the tracheostomy procedure [3]. More over nurses’ intuition, contemplation, and integrative awareness provide them with a means of considering how they can learn to care deeply, creating nursing interactions that are meaningful for both the patient and the nurse. The duty of care is a fundamental aspect of nursing, and many nurses consider it to be an essential part of their professional responsibilities [4]. ANA Center for Ethics and Human Rights (2015) believes that nurses are obligated to care for patients in a non-discriminatory manner, with respect for all individuals. Adherence to standard of care in timing of tracheostomy is safe. Recommending delaying the procedure may lead to harmful consequences from prolonging mechanical ventilation and sedation without apparent benefit [5].

Commitment is vital for caring of patient with tracheostomy as the procedure is fragile, the nurses need to have a ratio of one on one with the patient for this to care for a tracheostomy patient.

### Scary Experience

Some nurses in the study indicated that they felt scared by the experience of dealing with tracheostomy nurses the same experiences was observed in a study stating that nurses experienced obscurity because the ICU environment was different from the environments in the units they had seen before, and they experienced fear because they felt incompetent. The complicated patient diagnoses, the different physical appearances of the patients, the fact that a lot of contraptions were attached to the patients, the different sounds coming from the different devices in the environment, and the presence of different medical equipment that they encountered for the first time were among the reasons behind the anxiety and fear that the nurses felt [6].

The nurses need to be supported by the senior nurses for them to get over their fear. Support services can include delegating them with senior nurses to tap knowledge and experiences from them.

### Strict Supervision

Some participants indicated that they needed to supervise their junior staff members so that proper and safe nursing care can take place. The above findings were supported by the following study, alluding that newly graduated nurses enter the clinical setting with little experience and many expectations placed upon them. Proficiency in basic clinical skills, critical thinking, and healthcare decision-making have been identified as gaps that

need improvement among these nurses. The greatest areas for improvement among recent nursing graduates include safe medication administration; failure to rescue; patient falls; risk management; and multitasking, prioritizing, and delegating responsibilities [7]. Although these nurses may enter clinical settings with extensive theoretical knowledge, procedural competence is critical for a successful transition into practice.

Medical errors represent the third leading cause of death in hospitals, and school of nursing (SON) teaching faculties must foster clinical competence to reduce errors and promote positive patient outcomes.

New graduates or junior nurses need to be delegated with senior or more experienced nurses, in order to gain confidence and skills that will allow them to function independently.

### Lack of Skills

Participants stated that the hospital never trained them on the care and management of patients with tracheostomies and they had minimal training from the universities. Myatt (2015) found that nurses in general wards may not feel confident in managing patients with tracheostomies because some nurses have inadequate experience and competency to care for such patients, compromising patient safety. The central theme of the research conducted by Dlamini et al., (2016) was a lack of knowledge and skills in managing the poor performance of nurses, which had been neglected for a long time in the wards of a hospital [8].

According to Sheffield (2018), being empowered allows people to solve problems and make decisions [9]. McDonough et al., (2016) are also in agreement that, when nurses receive tracheostomy clinical care skills through a standardised nurse training competency programme their nursing knowledge and self-efficacy increases, which translates into higher quality nursing care.

Empowerment in the workplace is encouraging, resulting in nurses' self-efficacy and vision to innovate and embrace new ways of working in a positive environment [10]. To create such a positive environment, a system, such as a mentor or preceptor system, should be in place to provide opportunities to learn in a safe environment and review career prospects on a regular basis [11].

The hospital needs to organize in-service training or send employees for courses regarding tracheostomy care. The educational refreshers will allow the nurses to function better and carry out quality tracheostomy care.

### Conclusion

The participants indicated that to care for a patient with tracheostomy one should be dedicated, more over participants experiences fear and need to be supervised as they lack necessary skills to care for patients with tracheostomy.

### Limitations

The study was limited to the nurses of the Roman Catholic Hospital ICU. The methodology used in this study might also be a limitation to the results of this study.

### To the Roman Catholic

The hospital needs to send nurses for specialization courses and organize more in-service training for refreshing nurses in tracheostomy care.

### To the University of Namibia

The university need to include more theoretical content on tracheostomy care, do more simulation on tracheostomy care and allocate students in the ENT wards for longer durations.

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### Authors Contribution

Julia Ndeulita prepared the original draft writing, Galukeni Kadhila did the supervision and editing.

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No funding was received for this work.

### Availability of data materials

Data base is available on request from the corresponding author on demand.

### Declarations

#### Ethics Approval and Consent to Participate

Ethical clearance was obtained from the School of Nursing in the University and permission from the Roman Catholic hospital.

#### Consent for Publication

Not applicable

#### Competing Interest

The authors declared no conflict of interest.

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### References

1. Brenner, M. J., Pandian, V., Milliren, C. E., Graham, D. A., Zaga, C., Morris, L. L., ... & Roberson, D. W. (2020). Global Tracheostomy Collaborative: data-driven improvements in patient safety through multidisciplinary teamwork, standardisation, education, and patient partnership. *British journal of anaesthesia*, 125(1), e104-e118.
2. Sandler, M. L., Ayele, N., Ncogoza, I., Blanchette, S., Munnhall, D. S., Marques, B., & Nuss, R. C. (2020). Improving tracheostomy care in resource-limited settings. *Annals of Otolaryngology, Rhinology & Laryngology*, 129(2), 181-190.
3. Timbrell, D., & Jankowski, S. (2018). Management of and indications for tracheostomy in care of the critically ill patient. *Surgery (Oxford)*, 36(4), 187-195.
4. Dowie, I. (2017). Legal, ethical and professional aspects of duty of care for nurses. *Nursing Standard (2014+)*, 32(16-19), 47.
5. Bassily-Marcus, A., Leibner, E. S., & Kohli-Seth, R. (2020).

- 
- Tracheostomy for coronavirus disease 2019 patients: maintaining the standard of care. *Critical Care Explorations*, 2(8).
6. Sağlam, B. Ö., Eser, İ. S., Ayvaz, S., Çağrı, N., Mert, H., & Küçükgüçlü, Ö. (2021). Intensive care experiences of intern nurse students: a qualitative study. *Nurse Education Today*, 107, 105098
  7. Cason, M., Atz, T., & Horton, L. F. (2017). New nursing graduates' self-efficacy ratings and urinary catheterization skills in a high-fidelity simulation scenario. *Clinical Simulation in Nursing*, 13(2), 71-77.
  8. Dlamini, N. P. (2016). Strategies for Empowering Operational Managers to Manage the Poor Performance of Nurses. University of Johannesburg (South Africa).
  9. Sheffield, C. (2018, January). Support of the nurse. In *Nursing forum* (Vol. 53, No. 1, pp. 100-105).
  10. Benbow, W., Jordan, G., Knight, A., & White, S. (2021). A handbook for student nurses: introducing key issues relevant for practice. Scion Publishing Ltd.
  11. van Rooyen, D. R., Jordan, P. J., ten Ham-Baloyi, W., & Caka, E. M. (2018). A comprehensive literature review of guidelines facilitating transition of newly graduated nurses to professional nurses. *Nurse Education in Practice*, 30, 35-41.
  12. Gaterega, T., Mwiseneza, M. J., & Chironda, G. (2021). Nurses knowledge and practices regarding tracheostomy care at a selected referral hospital in Rwanda—a descriptive cross-sectional study. *International Journal of Africa Nursing Sciences*, 15, 100350.
  13. Myatt, R. (2015). Nursing care of patients with a temporary tracheostomy. *Nursing Standard* (2014+), 29(26), 42.

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