

Perspectives of registered nurses towards communication with family members of hospitalized older people with a tracheostomy: a qualitative study

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Abstract

Purpose – *This paper aims to explore the perspectives of registered nurses towards communication with family members of older people with a tracheostomy.*

Design/methodology/approach – *A qualitative design was used. Ten participants were recruited through purposive sampling. Face-to-face, semi-structured interviews were used in collecting data. Data were analysed by thematic analysis.*

Findings – *The four themes identified were as follows: communication by considering time difference; considering factors related to effective communication, either family member-related factors or registered nurse-related factors; strategies of communicating to support family members, such as giving an opportunity to ask for accurate information, communicating to build self-confidence and communicating through cases; and using the art of communication by speaking slowly and clearly, using colloquialisms, being steady and calm, as well as using positive language.*

Practical implications – *Having strategies and using the art of communication are important to help family members in obtaining accurate information and in building self-confidence in the care of older people.*

Originality/value – *The paper indicates that registered nurses consider factors related to communication, and they gave more information to family members using effective strategies and the art of communication. Therefore, effective communication training to nursing teams should be performed to promote adherence to treatment and family members' satisfaction.*

Keywords Aged, Communication, Family, Nurses, Qualitative research, Tracheostomy

Paper type Research paper

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Introduction

Tracheostomy is a procedure to create a new airway by inserting a tube into the trachea. This procedure is performed to assist patients with prolonged mechanical ventilation (Voisin and Nseir, 2017). Of all patients with a tracheostomy, 74.7% are derived from a failure of weaning from mechanical ventilation (Bergeron and Audet, 2016; Disayabutr *et al.*, 2013). Patients with a tracheostomy are in the older age group, with a mean age of 79.3 years, and they are admitted to hospital for approximately 48 days (Bergeron and Audet, 2016). Older people with a tracheostomy are supervised by physicians and a nursing team. However, they also need to be supported by their family members because of the nature of their family relationships (Happ *et al.*, 2015). Family members often have various responsibilities in providing assistance to their older relatives, which includes daily activities as well as communication between the nursing team and the family about their health (Jacelon and Henneman, 2014).

The authors greatly appreciate the participants who were willing to participate in this study and also thank Faculty of Nursing, Burapha University, for the support in doing this research.

Funding: None.

Conflict of interest statement: The authors have no conflicts of interest to disclose.

During the treatment using tracheostomy and mechanical ventilation in hospitalized older patients, family members are anxious about their older relative's symptoms, and they need more information such as diagnosis, treatment, prognosis, the doctor's plan, the patient's comfort and family participation in their care (Wilson *et al.*, 2015). Therefore, family members need to communicate with physicians and nurses to gain knowledge about their aged relative's progress (Jacob *et al.*, 2016). However, family members may not obtain the support they need because of their difficulty in communicating with the nursing team. Thus, nurses are important in playing a responsible role in communicating and informing family members about their older relative's health (Adams *et al.*, 2017). In other words, conveying information is important to improve the quality of effective communication with family members.

Providing information is a method of communication with family members and should be conducted comprehensively and accurately and sensitively. Moreover, information for family members should be given by monitoring the progress of elderly patients' symptoms (Farahani *et al.*, 2014). As part of this communication, nurses often have a responsibility in supporting the mental health of family members and in helping them make decisions regarding treatment for elderly patients. However, in the process of giving information, nurses face various issues, such as family members' misunderstanding about treatment, different beliefs between nurses and relatives, errors in communication and insufficient experience in communicating with relatives (Gaeeni *et al.*, 2015).

Based on the increasing numbers of older patients with a tracheostomy in hospitals, it is important that family members play various roles in caring for their aged relatives, and thus, they need to communicate with nurses about their progress. They need more information because the symptoms of older people can fluctuate, and their recovery from disease is more difficult compared to younger patients. Previous studies examined the communication between relatives and the nursing team in the critical care unit (Adams *et al.*, 2017; Jo *et al.*, 2019; Roger and Beloucif, 2016), the information needs of relatives in caregiving for critically ill patients (Wilson *et al.*, 2015) and the giving of information to family caregivers of patients with a tracheostomy at home (Karaca *et al.*, 2019). However, previous studies did not focus on the perspectives of registered nurses (RNs) in communicating with family members of hospitalized older people with a tracheostomy. Therefore, qualitative research was conducted to help understand how nurses perceived, understood and felt about communication with family members of hospitalized older people with a tracheostomy in general wards. The findings of this research can provide basic information in developing guidelines and intervention, as well as the need for further research concerning communication between family members and nursing teams.

Methods

Study design

This qualitative descriptive research was conducted to explore RNs' perspectives towards communication with family members of older people with tracheostomy during hospitalization. The study was approved by the Research Ethics Committee (BSH-IRB-010/2565) on April 29, 2022. In accordance with the principle of voluntariness, all participants were informed that they could withdraw from the study at any time if they desired. After participants agreed to take part in the study, a consent form was given to them. Meanwhile, an information sheet for each participant was used to inform them of the purpose of the research, the research process, harm avoidance, research benefits and corresponding researcher, before conducting face-to-face, semi-structured interviews together with audio-recording.

Recruitment, sampling and sample

The researchers contacted nurses who worked in the hospital, who then assisted in the invitation and recruitment of participants. Participants were RNs who were involved in

communicating with family members of older people with a tracheostomy in general wards of one hospital. Ten participants were recruited through purposive sampling between May and September 2022. Inclusion criteria were as follows:

- RNs in practice to provide care for older people (aged 60 or over) with a tracheostomy for at least one year;
- able to communicate in the Thai language; and
- willing to participate in the study.

Registered nurses who had either cared for young patients or for older people with a tracheostomy for less than one year were excluded. There were no subsequent withdrawals by selected participants.

Data collection

Convenient places were chosen for data collection. With the COVID-19 pandemic, all participants needed to be interviewed via video call of Line Application to be safe. The demographic data form was used to ask age, gender, education, ward and the length of time working in this hospital. Face-to-face, semi-structured interviews were used in collecting data. Interview questions were as follows:

- Q1. What kinds of experiences do you have in communicating with family members of older people with a tracheostomy?
- Q2. How do you think about RNs' roles of communication with family members of older people with a tracheostomy?
- Q3. What are the kinds of obstacles of communication between RNs and family members of older people?
- Q4. What kind of techniques do you use to communicate with family members?

The interview took 45 to 90 min and was audio-recorded along with taking the field notes after interviews. Interviews were conducted until data saturation as no new information came from the study participants.

Data analysis

Thematic analysis was used for data analysis ([Braun and Clarke, 2006](#)) as follows:

- *familiarization with data* – researchers read and reread all transcriptions to obtain a sense of the whole data;
- *generation of initial codes* – a list of ideas was made after multiple readings to create initial codes; that is, initial codes came from narrative data, which were shared events by participants during interviews;
- *searching of themes* – 36 codes were subsequently reviewed, revised and combined to organize the essential themes of this study;
- *reviewing of themes* – generated themes were reviewed with meaning units or data were coded before;
- *defining and naming of themes* – after reviewing generated initial themes, the research team defined and named themes by considering the meanings participants attached to communication and relevant ideas; and
- *production of report* – findings related to phenomenon of communication between registered nurses and family members of older people with a tracheostomy were reported. In other words, the findings were presented to readers to use in developing relevant research and in improving effective communication between family members and the nursing team.

Trustworthiness of the findings

The credibility, dependability, confirmability and transferability were used to ensure trustworthiness of the findings (Holloway and Galvin, 2017). The research team had experience in performing qualitative research, as it is a method of establishing the credibility of the findings. Whole data came from registered nurses who had direct experience in caring for older people with a tracheostomy together with providing information to their family members. To enhance dependability, interview questions were checked and reviewed from the research team and two experts, who did qualitative research. Furthermore, to publish in an international journal, data were translated from Thai to English by a native translator and the translation was confirmed by the research team for accuracy. Data were discussed by the research team to reach a consensus on the themes to enhance the confirmability of findings. In addition, findings were confirmed by two participants to be accurate information. The description of the research team and reflexivity, study design and data analysis, as well as reporting has been written clearly according with the standards for reporting qualitative research to ensure the transferability of qualitative research (O'Brien *et al.*, 2014).

Findings

The ten participants were RNs who worked in medical and surgical wards. The average age of participants was 36.1 (range from 24 to 49). Participants had graduated with a bachelor's degree in nursing science ($n = 9$) and a master's degree in adult nursing ($n = 1$). The length of time working in this hospital ranged from 3 to 28 years (Mean = 12.6; SD = 7.44). The characteristics of participants are presented in Table 1.

Registered nurses' perspectives towards communication with family caregivers of older people with a tracheostomy are presented in Table 2. Their descriptions of the communication with family members of hospitalized older people with a tracheostomy are presented in the following section.

Communication by considering time difference

Time difference was considered in communicating with family members of older people with a tracheostomy. Communication between RNs and family members was conducted in two periods, before and after a tracheostomy. Before performing a tracheostomy, a family meeting was conducted to give more information to family members about the rationale,

Table 1 Characteristics of participants ($N = 10$)

Demographic data	Frequency	%
Age	Ranged from 24 to 49 years (Mean = 36.1; SD = 9.22)	
Sex		
Female	9	90
Male	1	10
Degree		
Bachelor's degree	9	90
Master's degree	1	10
Wards		
Medical ward	9	90
Surgical ward	1	10
The length of time working in this hospital	Ranged from 3 to 28 years (Mean = 12.6; SD = 7.44)	

Source: Table by authors

Table 2 Registered nurses' perspectives towards communication with family caregivers of older people with a tracheostomy

Themes	Sub-theme
Communication by considering time different	<ul style="list-style-type: none">• Before doing a tracheostomy (e.g. reasons, aims and benefits of doing tracheostomy, the process of a tracheostomy, complications of doing a tracheostomy and the care for older people with a tracheostomy)• After doing a tracheostomy (e.g. suctioning the phlegm in a tube, taking a bath, tube feeding, tracheostomy wound care and the care for older people with a tracheostomy after hospital discharge)
Considering factors related to effective communication	<ul style="list-style-type: none">• Family member-related factors (e.g. age, education, experiences of caring and family relationship)• Registered nurse-related factors (e.g. workload, generations of RNs, RNs' experience and personality)
Strategies of communicating to support family members	<ul style="list-style-type: none">• Giving an opportunity for asking accurate information
Using art of communication	<ul style="list-style-type: none">• Communicating to build self-confidence for family members• Communicating through cases• Speaking slow and clear• Being steady and clam• Using colloquialism• Giving positive words

Source: Table by authors

aims and benefits of doing tracheostomy, as well as the procedure itself, complications and the specific care of older people with a tracheostomy. Providing information could help family members accept the need for the procedure and make decisions in doing a tracheostomy for their older relative:

If doctor orders that patient must do a tracheostomy, I have to connect and communicate [with] relatives to give information about reasons of doing a tracheostomy, what benefits and complications of doing a tracheostomy. If I tell them doing a tracheostomy can reduce infection and help patient's breathing, relatives can accept and understand to prepare them in the care for older people in the future. (P2)

Nurses should make them accept why doctors will do tracheostomy for patients. Family members do not understand and [have a] lack of knowledge. Therefore, nurses must tell them benefits and reasons of doing a tracheostomy. (P5)

After doing a tracheostomy, continuous communication was necessary to provide enough information to family members concerning such tasks as suctioning the phlegm in a tube, taking a bath, tube feeding, tracheostomy wound care and how to provide care for older people with a tracheostomy after hospital discharge. Communicating this information enhanced the knowledge of the family members and prepared them for caring for their relative:

Communicating to relatives after doing a tracheostomy is important. Nurses should explain what relatives must do and assist an older person with a tracheostomy. Giving information helps relatives in planning and preparing what relatives must do after hospital discharge. (P3)

After doing a tracheostomy, nurses should communicate to family members by giving information about techniques of caring, how to prepare instruments in suctioning the phlegm, and tracheostomy wound care. (P6)

Considering factors related to effective communication

Participants explained the factors related to effective communication, which included family member-related factors and registered nurse-related factors. Family member-related

factors were comprising age, education, caring experience and family relationship. Communication with older family members was difficult due to delayed perception and decision-making compared with younger family members. Communication with family members who had higher education was easier than with family members with less education because they could learn and understand more quickly. In addition, family members who had prior experiences in caring for older people with a tracheostomy learned and understood faster than family members with no experience. Furthermore, the quality of the family relationship was important, as family members who had a good relationship with their older relative could communicate and were willing to participate in the care for older people with a tracheostomy more so than family members whose relationship was not as strong:

Age and experience of each caregiver resulted in the effectiveness of providing care for older people and communication with each caregiver. If I communicated with younger caregivers, they could perceive and understand well compared to older caregivers. Caregivers who have experience assisting other patients before can help their older people better than caregivers who do not have more experience. (P1)

If caregivers [were] aged 60 and over, their perception [was] delayed. I must teach and tell them several times compared to younger. If relatives have high education and more experiences, I can communicate easily. (P2)

Family relationship is first thing that affects the care of older people with a tracheostomy. Particularly, spouses and children who are willing to participate in caregiving, communication to them is easier than other relatives who are not willing to take care of older people. (P4)

Registered nurse-related factors consisted of workload, age and generation, experience, and personality. When RNs had a higher workload in providing care for other patients, it could reduce communication between family members and RNs. Additionally, participants spoke about how a nurse's generation affected communication and the care for older people. For younger RNs who were Generation Z, their communication with family members was insufficient and less effective because their attention in communicating with family members was less than other generations. Meanwhile, RNs who had more experience in caring for older people with a tracheostomy had several methods to communicate and deal with family members. Regarding the personality of RNs, if they sympathized with the problems and feelings of family members, this resulted in good communication between RNs and relatives. That is, family members are encouraged to ask and trust in communication:

At this time, nurses are [from a] new generation. They do not have more experiences, and some are hot-tempered. So, it can affect the effective communication and [make people] think nurses are fierce. (P2)

I think that personality of nurse is important for good communication. Family members are encouraged to ask how to do tracheostomy care if nurses sympathize with family members of older people. They would like to talk to me compared to other nurses because I love to explain and give information [about] what family members need to know. (P4)

Strategies of communicating to support family members

RNs communicated with family members using several strategies to support them in making decisions and providing care for older relatives. Firstly, giving an opportunity to ask for accurate information about tracheostomy care was a good method of communication to support family members. If family members gained knowledge, accepted older people's conditions and made decisions in doing a tracheostomy and in caring, it could reduce the conflict between the nursing team and family members' older relatives:

In the process of communication, if caregivers or relatives do not have experience in the care for older people before, nurses should give an opportunity [for them to] ask for information or time to think and make a decision about patient care. (P3)

Good communication can reduce the conflict between doctors and relatives. If the conflict appeared, nurses must give accurate information. To help relatives making decisions, nurses must give an opportunity for relatives to ask how to care. (P7)

Secondly, RNs communicating to build self-confidence in family members in caring for their relative was essential. This was done by providing moral support and praise when family members were successful in providing care for their loved ones. Moreover, teaching family members and genuinely helping them was important to improve their skills and self-confidence in caring for older relatives with a tracheostomy:

There are different characteristics of family members. Each person has perception, thus empowering family members and giving moral support will help them to increase self-confidence in communicating to make decisions in caregiving for older people. (P1)

Nurses must build self-confidence for older persons' family members by helping them with sincerity. Older spouses are unconfident and afraid. Thus, nurses should tell and teach slowly how to perform tracheostomy care from simple to difficult. (P5)

Lastly, showing family members other hospitalized older people with a tracheostomy would help them see what tracheostomy is, and how to perform tracheostomy care. After that demonstration, they could learn and assist their older relatives very well:

I loved to explain and give more information. I also narrated my experiences in the care for older people with a tracheostomy and take them to visit other cases, who are patients with a tracheostomy. It helps family members imagine and see what they should do. (P4)

Family members may be afraid in the care for older people with a tracheostomy. In communicating with family members, I have cases of patients with a tracheostomy to show them, and then they can imagine and see that [they do not need to be] afraid. After that, they can accept and make decisions in doing tracheostomy. (P5)

Using the art of communication

To be effective, the art of communication uses techniques of talking to family members by speaking slowly and clearly, being steady and calm, using colloquialisms and positive language. Communication with family members involved describing slowly and clearly the decision-making process for them and the performance of responsibilities regarding tracheostomy care:

Family members of older people with a tracheostomy have different characteristics. Some are adult-children and spouses; thus, nurses should give information by speaking slowly and clearly because of delayed perception in older caregivers. (P4)

Meanwhile, communication with family members of older people had to be steady and calm. If RNs were quick-tempered, it resulted in ineffective communication and negative body language:

Before communicating with relatives of older people, I observed their emotional state. Some did not want to talk or communicate with nurses. Therefore, I have to be steady and calm to give information depending on their mood. (P9)

I think that if nurses were quick-tempered during communication with relatives, it is bad communication, and our body language is bad. (P10)

In the process of communicating with family members, the use of colloquialisms was important because family members could not understand medical language. Therefore, RNs had to change medical vocabularies into informal, everyday language:

Giving information to relatives [involves the use of the] art of communication. Sentences must be clear and easy to understand. Medical terms should be avoided. (P2)

I think that giving information for family members of older people should [involve] using simple language [such] as family members' colloquialisms. (P6)

Additionally, using positive language was a technique of communication resulting in family members feeling good, giving them encouragement in assisting their older relative with a tracheostomy:

While communicating with family caregivers, please, do not use difficult words [such] as medical words and do not use negative words. For example, "why you pick up your patient from hospital because you cannot take care of them". Nurses should not blame them because relatives may feel bad, which affects a sense of encouragement in the care for older people. (P3)

When I am a nurse. Nurses should talk to family members with gentle words. That is, talking with positive meanings or appreciation that can reflect good feelings of family members, as if they feel like they want or attend to the care of their loved one. (P8)

Discussion

This qualitative research was conducted to explain the perspectives of RNs in communicating with family members of older people with a tracheostomy. Communication concerned how to give information to family members before and after performing a tracheostomy. Reasons for, the aims, process and complications of doing a tracheostomy, as well as the care of older people with a tracheostomy, should all be presented to family members before undertaking the procedure. Afterwards, communication has to be conducted continuously to provide more information on the care of older people with a tracheostomy such as suctioning, taking a bath, feeding and specific tracheostomy care. Giving information is important to the needs of family members, which nurses have to perform based on the patients' conditions, their families' emotional status and the necessity of supporting a calm atmosphere in the hospital ([Farahani et al., 2014](#)). The family members of hospitalized older people wanted the health professionals to inform them before doing procedures and about further plans regarding discharge. They had to ask a lot of questions to feel safe and assured that everything done was effective care ([Mickelson Welding and Kirkevold, 2022](#)).

Additionally, participants indicated that the factors related to effective communication consisted of family member-related factors (e.g. age, education, experiences of caring and family relationship) and registered nurse-related factors (e.g. workload, generation or age of nurses, experience and personality). Professional and communication skills also influenced communication on safe caregiving that nurses should perform ([Macias-Colorado et al., 2021](#)). Effective communication is related to health outcomes, such as increased patient and family member satisfaction, as well as the outcomes of nursing care ([Loghmani et al., 2014](#)). If communication is inadequate, adherence to treatment as well as patients' and relatives' satisfaction may decrease ([Tiwary et al., 2019](#)). This may indicate that characteristics of the patients, nurses and care environment were the influential factors on communication ([Zamanzadeh et al., 2014](#)). Likewise, professional nursing problems, nurse problems and the work environment were factors affecting the nurse-patient family communication ([Loghmani et al., 2014](#)). With family member-related factors, caregiver role, family relationship and socio-demographic status were factors that influenced effective communication to promote family involvement in treatment decision-making ([Dijkman et al., 2022](#)).

To communicate effectively, the findings indicated that strategies of communicating to support family members included giving an opportunity to ask for accurate information, communicating to build self-confidence for family members, and communicating through case demonstration. The ability to communicate effectively with family members of older people is important to understand the presented information, to provide assistances for family members, and to deliver quality service (Lubinski, 2010). Strategic use of written information and family meetings may improve communication and shared decision-making (Huang *et al.*, 2021). Meanwhile, family members felt confident that care would meet the older person's needs when health-care professionals listened and answered questions as well as explained what was happening (Dahlke *et al.*, 2018).

Another important finding is that using the art of communication was vital for effective communication. For instance, speaking slowly and clearly, being steady and calm, using colloquialisms and positive language. Communication refers to this art and the process of sharing thoughts, ideas and information with another individual by speaking, writing or using body language (Tiwary *et al.*, 2019). This finding is consistent with other research on the art of communication, active listening behaviours were good communication practice. Family members appreciated health-care providers who made good eye contact, had an empathic manner and who used nonjudgmental, honest language that was easy to understand (Huang *et al.*, 2021). Nurses should reconsider the family member's level of understanding and if there is complicated language such as medical terms, they should change the use of language and questions. Therefore, nurses should be able to use therapeutic communication techniques to provide support and information to caregivers in helping them to overcome communication barriers. Assessment of the levels of understanding in family members and avoidance of the use of medical terms may lead to family members better understanding of, and participation in care for, hospitalized older people with tracheostomy.

Strengths and limitations of the study

Although the sample size was small, the information obtained from participants was sufficient for data analysis. At the same time, the findings of this study can be used to develop other research methods and improve quality of effective communication with family members of older people with a tracheostomy.

Conclusion

Based on the RNs' perspectives towards communication with family members of older people with a tracheostomy, RNs had to consider what should be explained to family members before and after performing a tracheostomy, such as reasons for and benefits of the procedure, complications and how to perform tracheostomy care. However, there were various family member-related factors and registered nurse-related factors that influenced effective communication. To communicate effectively, strategies of good communication were conducted through giving an opportunity to ask for accurate information, communicating to build self-confidence for family members and communicating through cases. Furthermore, RNs communicated slowly and clearly to family members and used colloquialisms that were easy to understand. Besides, if RNs communicated in a steady and calm manner, and used positive language, it would help in enhancing effective communication.

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