

Family caregiver participation in caregiving for hospitalized elderly patients with a tracheostomy: a literature review

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Abstract

Purpose – Elderly patients requiring prolonged mechanical ventilation are treated with a tracheostomy. Oftentimes, the family caregivers need to participate in the care for elderly patients with a tracheostomy during hospitalization. Therefore, this paper was conducted to acknowledge what family caregivers experience while caregiving for hospitalized elderly patients with a tracheostomy.

Design/methodology/approach – This literature review identifies family caregiver participation in caregiving for the elderly patient, the impact of caregiving, and the needs of family caregivers.

Findings – Family caregivers participate in the planning and provision of care to elderly patients. Furthermore, they also collaborate in the therapeutic process for elderly patients as well. Albeit the former sentiments, they experience physical, psychological, social and financial consequences of caregiving. It has been revealed that during the process of caring for their loved ones, family caregivers often experience poor sleep quality, strain, reduction in social interaction and insufficient income. Thus, health-care professionals should support and provide care for the needs of family caregivers. This can be achieved through providing information on prognosis, the care plan, emotional support and collaboration during the therapeutic process to provide better care for elderly patients with a tracheostomy. In addition, family caregivers' relatives can also provide financial support and rotation of caregiving schedules to avoid burnout.

Originality/value – The paper indicates that family caregivers experience the impacts of caregiving. They should be supported by health-care professionals and their relatives.

Keywords Caregivers, Elderly, Patients, Tracheostomy

Paper type Literature review

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Introduction

Tracheostomy is a procedure preferred for airway management in patients who would otherwise require prolonged intubation (Voisin and Nseir, 2017; Bergeron and Audet, 2016). Tracheostomy is increasingly conducted to assist older people (60 years and above) with respiratory failure, critical illnesses and advanced age (Orsini *et al.*, 2015). Elderly patients with prolonged mechanical ventilation or tracheostomy are often unable to do daily activities (Barnato *et al.*, 2011). Therefore, elderly patients with a tracheostomy are often supervised and supported by health-care professionals (e.g. physicians and nurses) as well as their family members. This implies that family caregivers are responsible for caregiving to elderly patients in hospitals. This in part is attributed to the fact that family caregivers have a strong relationship with the older person being hospitalized. These could be a child–parent relationship or spousal relationship (Happ *et al.*, 2015).

Family caregivers always get involved in patient care and assist the elderly patient with personal care activities (Nayeri *et al.*, 2015), communicating with the health-care professionals and assisting the nursing staff in bed-making, changing soiled clothes or

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