

**NURSES VIEWS AND EXPERIENCE OF CARING
TRACHEOSTOMY COMPLICATIONS TO CANCER PATIENTS
AT TERTIARY REFERRAL CANCER HOSPITAL IN DAR-ES-
SALAAM, TANZANIA**

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**MSC (Nursing Critical Care and
Trauma) the Dissertation Muhimbili
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**Nurses Views and Experience of Caring Tracheostomy Complications to Cancer
Patients at Tertiary Referral Cancer Hospital in Dar-es-salaam, Tanzania**

By

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**A Dissertation Submitted in (Partial) Fulfillment of the
Requirements for the Degree of the Master of Science in Nursing
Critical Care and Trauma of Muhimbili University of Health and
Allied Sciences (MUHAS)**

October 2021

CERTIFICATION

The undersigned certifies that he has read and hereby recommend for acceptance by the University of Muhimbili Health and Allied Sciences a dissertation entitled “**Nurses’ views and experience of caring tracheostomy complications to cancer patients at a tertiary referral cancer hospital in Dar-es-salaam, Tanzania**” in partial fulfillment of the requirement for the degree of Master of Science in Nursing (Critical Care and Trauma) of Muhimbili University of Health and Allied Sciences

Dr Menti Ndile

Supervisor

Date _____

DECLARATION AND COPYRIGHT

I Mwamvita Twalhata Said, declare that this dissertation is my original work and that it has not been presented to any other university for a similar or any other degree award

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DEDICATION

This dissertation is dedicated to my beloved husband Rashid Y and my Kids Mardhia, Yahya, and Muzdalfa for their support and encouragement throughout my studies.

Special dedication to my beloved parents Twalhata Said and late mother Khadija Said for their effort of giving me education

ABSTRACT

Background: Tracheostomy is a commonly performed surgical procedure for the management of upper airway obstructions. Laryngeal carcinoma and neck malignancy remain the major indication of emergency tracheostomy among cancer patients due to upper airway obstruction were as by the majority of cases are presented late with respiratory distress and therefore require emergency tracheostomy to be performed. It has been seen that there is an association of a tracheostomy tube with increased post ICU mortality; this increase may be attributed due to inadequate experience of nursing staff who are responsible for the care of tracheotomies patients in the ward

Aim: The study aimed to explore nurses' views and experience of caring for tracheostomy complications to cancer patients at a tertiary referral cancer hospital in Dar-es-Salaam, Tanzania.

Methods: A descriptive exploratory design was used. Registered nurses working in the cancer ward from Ocean Road Cancer Institute were purposively selected and individual, in-depth interviews were conducted. Thematic analysis was used to analyze the data using a deductive approach.

Results: Sixteen registered nurses were interviewed. Most of the participants were female 12(75%). Four major themes emerged after data analysis which are: availability of equipment and supply within a hospital setting, need for training to manage complications, involvement of caregiver and patients on tracheostomy care, and need for multidisciplinary team approach which is elaborated in detail and supported with quotes.

Conclusions:

This study shows that caring for tracheostomy complications among registered nurses is very challenging due to inadequate experience, knowledge on tracheostomy care and equipment and supplies, therefore to improve tracheostomy care and management, there

is a need for training of nurses in managing complications, availability of equipment and supply within a hospital setting. In addition, there is a need for the involvement of caregivers and patients in tracheostomy care and multidisciplinary teams to manage complications.

Keyword: Tracheostomy, Tracheostomy care, Tracheostomy complications, Registered nurse

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CHAPTER ONE

1.0. INTRODUCTION

1.1Background

Cancer is the second leading cause of morbidity and mortality worldwide and it is estimated that 18.1 million new cancer cases and 9.6 million deaths in a year (Ferlay et al., 2019). In sub-Saharan Africa, cancer is an increasing problem because of the aging and growth of the population, as well as the changing prevalence of risk factors. The number of new cancer cases per year will be increasing by 70% between 2012 and 2030 (Brandão et al., 2018). In Tanzania, cancer is a major leading cause of morbidity and mortality, being the 5th cause of death among males and 2nd among female adults. Currently, it is estimated that about 50,000 people develop cancer each year. The major types of cancer in Tanzania include Cervical cancer, Breast cancer, Kaposi's sarcoma, esophageal cancer, head and neck cancer, and Prostate cancer (The United Republic of Tanzania, 2020).

Cancer strategies and policies in Tanzania state that prevention and control of cancer requires a planned systematic and coordinated approach at all stages of the cancer continuum (primary prevention, early detection, registration, training, education, diagnosis, treatment, palliative care, and research). It also requires resources that are always likely to be limited. It is prominent that the disease cannot be completely eradicated in the foreseeable future, but its effect can be minimized (The United Republic of Tanzania, 2013).

Tracheostomy is a commonly performed surgical procedure for the management of upper airway obstructions (Bhatti et al., 2015). Worldwide there has been a strong focus on improving the care of patients with tracheostomy, by providing support and guidance to nurses and patients (Keagaetsho et al., 2021). Tracheostomy is an important lifesaving surgical procedure in airway management though can cause hazardous in an emergency

setting, where head and neck tumors as a cause of upper airway obstruction remain the most common indication of tracheostomy.

Despite the number of complications associated with this procedure, its life-saving role in airway management is relevant, with careful and precise surgical technique and post-operative care complications can be reduced (Aliyu D, 2013). In Tanzania, it is estimated that 39.3% cases had tracheostomy due to upper airway obstruction as a result of malignancy. Laryngeal carcinoma and neck malignancy remain the major indication of emergency tracheostomy among cancer patients due to upper airway obstruction, whereby the majority of cases are presented late with respiratory distress and therefore require emergency tracheostomy to be performed (Gilyoma et al, 2011).

Tracheostomy care modalities refer to the process of cleaning the site, changing the inner cannula, changing the dressing, tracheostomy tube holder, and suctioning if needed. Nurses need to know how to properly care for patients with a tracheostomy because inappropriate or inadequate care can be associated with increased morbidity and mortality (Melissa R et al, 2017). Caring for these tracheostomy patients is complex and specific nursing skills are required, which differ from other nursing skills. The skills needed while caring for these patients focus on suctioning, provision of humidification, the establishment of a method of communication, providing oral hygiene, dressing changes, infection control, and management of the inner cannula, decannulation, tube changes, and maintenance of cuff pressure (Keagaetsho, 2017).

Tracheostomy care and complications- require constant cooperation and awareness among doctors and nurses, careful monitoring of the surgical technique, careful monitoring in the field of nursing, the patients in the general ward, and their knowledge in the field of care and follow up can result in the prevention of occurrence of many complications. Among the tracheostomy, complications are tracheostomy tube duct obstruction by the tracheal wall, duct obstruction by secretions, bleeding from the cut site, subcutaneous emphysema, infections, tracheostomy tube accidental withdrawer (extubation) and the formation of a

fistula between the trachea and esophagus are the most common complications and which is estimated that the overall incidence of tracheostomy complications is 45% (Hoseini et al., 2018).

Tracheostomies patients may have an additional complex need which they are likely to be more dependent on nursing care, Procedures such as suctioning and tube changes can be distressing for patients, and therefore staff nurses must be knowledgeable to reassure and inform patients and provide appropriate care. This is especially important during an emergency tube change procedure, yet some health care professionals may lack knowledge and experience in this area. Regardless of experience or specialty, education is required for all members of the health workers team who are caring for tracheotomies patients and as far as nurse's role is to support patients so that early discharged planning as well as career education, and preparation including equipment and supplies are needed (Paul, 2010).

However, the study indicates that due to the increased number of tracheostomies patients in general ward staff within these areas may lack the skills, knowledge, and confidence to provide safe tracheostomy care. Therefore exploring nurses' views and experience in the provision of safety tracheostomy care and management of complications to cancer patients will provide an opportunity to reflectively learn and understand on existing gap within nursing care with regards to how nurses effectively respond to this, improvement needed in accordance to meet standards of care and to follow the guideline on routine care and management on tracheostomy complication

1.2 Problem statement

Quality improvement initiatives and guidelines have been developed to guide and improve tracheostomy nursing care. According to the American cancer society, (2019) guideline, suggested that keeping the tube in place, suctioning, cleaning the skin around a stoma regularly will help to prevent infection, plugs or blockage, and breathing complications. However, a study conducted in Tanzania, show that a laryngeal tumor (85.7%), thyroid cancer (5.7%), and other neck tumors (8.6%) are the most common indication for tracheostomy among 214 patients in Bugando hospital (Gilyomaetal.,2011). Also, numerous

studies have reported an association of a tracheostomy tube with increased post ICU mortality, this increase may be attributed to the inadequate experience of nursing staff who are responsible for the care of tracheostomy patients in the ward (Sodhi et al, 2014). Therefore, systematic reviews on patient and caregiver experiences with tracheostomy establish the need to formulate strategies and provide resources to improve the quality of care to patients with a tracheostomy (Nakarada-Kordic et al, 2018).

There are various complications such as infections, tube dislodgement, blockage, stoma fistula that create a significant risk to tracheostomy care for cancer patients at ORCI. A study was done by (Alnemare, 2020), indicated that tracheostomies are associated with serious risks of infections, airway occlusion, and aspiration due to lack of skills and experience in performing the procedure as a major cause of suboptimal care and higher morbidity during a transfer of patients to a general ward. Another study done by Paul, (2010) indicated that tracheal suctioning can cause tube displacement in addition to the risks associated with tracheostomy nursing care to hospitalized patients. More over lack of skills, confidence, and knowledge may lead to infrequent bases in providing safe tracheostomy care among nurses that impair the nurse experience in managing the tracheostomy complications. Alternatively, a study done in Tanzania at a university teaching hospital determines that most complications related to tracheostomy can be avoidable when tracheostomy care is provided by skilled and trained staff (Gilyoma et al., 2011). At ORCI, little is known about how nurses manage tracheostomy complications in cancer patients. Therefore the study will aim to explore the nurses' views and experience of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute (ORCI).

1.3 Purpose of the study/Rationale

The study is expected to explore nurses' views and experience of caring for tracheostomy complications to cancer patients at a tertiary referral cancer hospital. The purpose is reflectively learned and understands from experiences on how they use their knowledge and skills in caring and managing complications of tracheostomy. The current practices

regarding tracheostomy care in cancer patients and perceived barriers that hinder nurses from effectively promoting safe care and ventilation, such understanding expected to provide insight into what support and training needed to nurses and how the nursing care delivery system should be modified and designed to ensure that nurses provide safe care and managing tracheostomy complications effectively. This will lead to the provision of nurses in services updating training on tracheostomy care and management of complications, redesigning policies and protocol guidelines of tracheostomy care of cancer patients as well as improving the organizational system that to ensure tracheostomy care and management of complications for cancer patients are well met. The outcome of all these interventions will be raising nurses' competence in promoting tracheostomy care in cancer patients and hence for better outcomes.

The study is also expected to provide insights into areas for emphasis on tracheostomy care in cancer patients which can be well covered during a nursing training program at degree or master's level. The information that will be generated can also be used to shed light on competencies that need to be developed and included in the curriculum for tracheostomy care focusing on the assessment of cancer patients with tracheostomy care requirements.

Findings from this study are expected to be used in the development of the protocol and standard operating procedure (SOP) that guide nursing practice for tracheostomy care and emergency management of complications in cancer patients. This SOP will help nurses to update their knowledge on practice and improve the quality of nursing care. But also, the study is expected to identify areas for further studies on nursing care and provision of tracheostomy care and management of complications to cancer patients in a cancer care setting.

1.4 Over all research questions

What are the nurses' views and experience of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute?

1.5 Research questions

- i. What are the nurses' views of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute?
- ii. What are the nurses' experiences of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute?
- iii. What are the nurses' perceived barriers regarding caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute?

1.5.1 Broad objective

To explore the nurses' views and experience of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute.

1.5.2 Specific objectives

- iv. To describe the nurses' views of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute.
- v. To explore nurses' experience of caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute.
- vi. To explore nurses' perceived barriers regarding caring for tracheostomy complications to cancer patients at Ocean Road Cancer Institute.

1.6 Conceptual frame work

Jean Watson: Caring model theory 1997

Adaptation of the theory to the study

Watson's model of caring it reflecting that nursing is a professional like other professions. It views that caring is a mutually beneficial experience for both patients and nurses as well. Nurses are the ones who are caring for patients and identify their patient's needs, during their nursing care nurse's duty is to an assessment so as they will come with their proper problems or need. Patients' care needs their nursing holistic care as a whole body, mind, and spiritual need. When the nurses provide good caring to the patients they expect are to get good outcomes and patients' satisfaction.

The concentration of nursing is in the caring aspects and is taking caring as the wholeness means the totality of the patients' care into consideration. The nursing responsibility is to care for his patients not by merely looking into and caring for his physical disease. Most cancer patients require permanent tracheostomy to facilitate mechanical ventilation, secretion, and airway management. However, nursing holistic care is required on caring for cancer patients with tracheostomy complications, and then caring for patients with tracheostomy can be time -consuming which requires nurses with experience in tracheostomy. Also, nursing a cancer patient with tracheostomy in the hospital will depend on specialized nurses' skills and knowledge. Moreover, nurses caring for a patient with tracheostomy must be aware of the insertion technique in case it is required to perform an emergency tube change.

A cancer patient may develop complications after a tracheostomy procedure, this can be tracheal stenosis, dislodged tubes, operative site infections, and bleeding. Although some of the complications can be anxiety-provoking for a patient, care, and staff. Then there are various barriers perceived by nurses in managing cancer patients with tracheostomy. Insufficient staff, working environment, heavy workload, poor staff commitment, and interest is perceived to hinder the provision of tracheostomy care to a

cancer patient. Moreover, traditionally nurses' views consider the specialized area such as ICU and ENT hospital ward is responsible for under taking the tracheostomy procedure to a cancer patient. Therefore, this Watson model of caring theory was helpful to the researcher to conceptualize the various concept of the study in developing data collection tools, analysis, and data presentation.

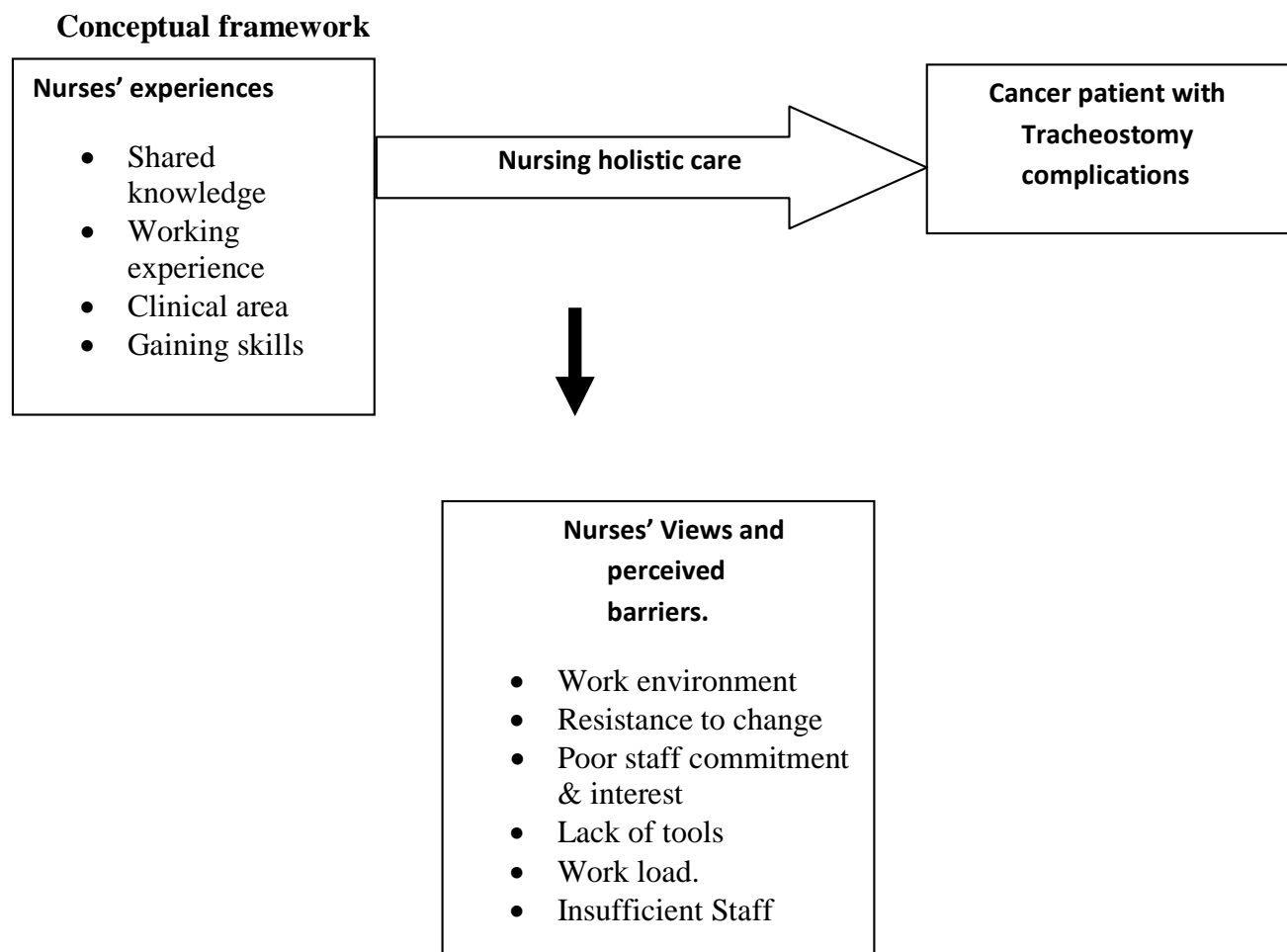


Figure 1: A conceptual framework to represent nurses' views and experience of caring for tracheostomy complications to cancer patients.

CHAPTER TWO

2.0 LITERATURE REVIEW

Nurses' views on caring for tracheostomy complications to cancer patients.

Nurses' view may be referred to the abilities to understand, interpret, assess, observing and care for patient situations such as cancer patients with tracheostomy complications. Nurses have to be properly equipped with the necessary knowledge and skills to face up the complication in tracheostomy. A guideline by Agency for Clinical Innovation, (2013) advocates the provision of providing appropriate resources to facilitate their understanding when caring for a tracheostomy cancer patient. Therefore the most appropriate method of stabilization should be used based on the patients' diagnosis, patient's level of consciousness, orientation, understanding, memory and cooperation, age of tracheostomy stoma, skin condition, and level of difficulty in achieving an airway if the tracheostomy tube dislodged.

Moreover, communication in tracheostomy patients is very important, and then nurses' should be able to understand all aspects of life without not being able to use one's voice. A study conducted in Italy by Tolotti *et al.*, (2018) on the communication experience of tracheostomy patients with nurses in the intensive care unit revealed that patients feel powerless and frustrated due to the impossibility to use voice to communicate; facing continual misunderstanding, resignation, and anger during moments of difficulty and/or communication misunderstandings.

Besides, nurses and other health professionals are often in the position of interpreting the non-verbal communication of the voiceless patient, and this plays an integral role in decision-making concerning treatment options and end-of-life choices. This demonstrates the need for all health professionals to have an increased awareness of the importance of education of patients and staff concerning all aspects of tracheostomy care (Agency for Clinical Innovation, 2013).

Nurses' experience in caring for tracheostomy complications in cancer patients.

Training nurses on tracheostomy care and management increase knowledge and interest in the care of patients with tracheostomy. A study finding by Jacob & Ramesh, (2015) on the efficacy of planned teaching on knowledge regarding tracheostomy suctioning shows that, staff nurses had less knowledge regarding tracheostomy suctioning before planned teaching. However, there was a significant increase in the knowledge of subjects after the introduction of planned teaching. Therefore, the study emphasizes the need of conducting in-service training for staff nurses to equip with the appropriate skill, knowledge, and competency on tracheostomy to support their experiences to meet the unique need of each patient safety.

Also, standardized education underlines the importance of nurses' comfort and competence in managing and caring for tracheostomy care in an emergency. A study conducted in Chicago shows that, in managing accidental decannulation of a fresh tracheostomy, 61 nurses described being completely uncomfortable (Pritchett et al., 2016). Moreover, it has been seen that nurses who have few years of working experience lack their skills of caring for patients with tracheostomy. As a result, patients may receive suboptimal or delayed care, which is resulting to increase morbidity and mortality.

Care of tracheostomies patients requires constant cooperation and awareness among doctors and nurses. However, this has been widely recognized that nurses working outside of critical care or head and neck surgical environments can lack the experience, knowledge, and confidence to provide safe and effective tracheostomy care. Therefore, a specialized team of nursing staff will be required on managing the transition from intensive nursing environments into more general ward care and were often called upon to educate ward staff around tracheostomy care (Bonvento et al., 2017).

Moreover, to provide safe and competent care, nursing staff must understand the immediate post-operative and long-term management of tracheostomies to patients. A study by Qalawa1 *et al.*, (2017) recommended a clinical performance and continuous evaluation to determine strategies of upgrading their knowledge and enhancing their practice regarding tracheostomy care, developing specific procedure booklet (standard of care) about caring of

tracheostomy patients, close supervision, and monitoring is needed to ensure the quality care is provided by nurses' while applying tracheostomy care and suctioning and strict applications of aseptic techniques and infection control precautions are strongly recommended to prevent many of the complications associated with a tracheostomy tube. But on the other hand, a study conducted in San Diego California shows that nurses need to have special training about managing tracheostomy care to prevent hospital readmission and unnecessary complications (Gaudreaudet al., 2016).

Insertion of tracheostomy tube can be performed by experienced personnel with adequate knowledge, skills, and knowing how to manage complications related to tracheostomy. Unlike incompetent nurses with no skills in inserting the tube may leave their patients without providing any tracheostomy nursing care when those complications arise to the patient (Casserly et al., 2007). Tracheostomy is the continuing way of providing a patient's respiration despite inevitable complications such as stoma formation and underlying disease. Therefore nurses need to improve the quality of nursing care to reduce complications in cancer patients with tracheostomy. Also, patient care and attention have been proven necessary and reduce complications by using appropriate techniques and equipment (Hoseini et al., 2018).

In Tanzania, a review of 214 cases at a University teaching hospital on ten years' experience with tracheostomy demonstrated a higher rate of complications following tracheostomy to patients undergoing postoperative by non-otorhinolaryngology junior doctors who may have little experience in performing these procedures (Gilyoma et al., 2011). The study recommended that tracheostomy should be performed by an experienced surgeon with adequate facilities to reduce the potential complications. Little is known about the nurse's experience of managing and caring for the patient with a tracheostomy, therefore this highlights the understanding of the nurse's experience of caring for cancer patients with tracheostomy complications.

Nurses' perceived barriers of caring for tracheostomy complications to cancer patients.

According to Rai, Watve and Hathiram, (2010) on a tracheostomy of head and neck cancer described three groups of complications as immediate during, or immediately after the procedure, delayed 24hours after the procedure, and late occurring after a few week depending on the time of occurrence. On the other hand, the finding from a retrospective study on morbidity, mortality, and risk factors of tracheostomy-related complications in patients with oral and maxillofacial cancer revealed that in 51 patients there were twenty-two tracheostomy-related complications with 35.2 % morbidity rates. Then, a study necessitates the need to carefully observe the patient's risk factors for tracheostomy complications during the early period by well-trained medical staff (Lee et al., 2016).

Despite that, various barriers hinder nurses from managing and caring for tracheostomy complications in cancer patients. A study finding conducted in India observed a deficit in existing knowledge regarding Tracheostomy suctioning in all the areas before implementation of planned teaching among staff nurses (Jacob & Ramesh, 2015). Therefore it is important to initiate knowledge of staff nurses using planned teaching to increase the quality of nursing care and proper use of airway management instruments.

Besides, nurses expressed difficulty cleaning around the tracheostomy because of how tightly is sutured and how sutured were placed, also insisted that trouble in placing a dressing gauze underneath of tracheostomy flanges and frequently they are supposed to use forceps to pull it underneath (Dennis et al, 2008; Giannetta *et al.*, 2020).

Moreover, difficulty with skin care while the sutures remain in place may result in skin breakdown due to downward traction when too much weight of pulled down. This is perceived to be the barrier by nurses in preventing the traction forces at the same time keeping the tube in a neutral position. Therefore this can result in tracheostomy ties not being changed for 3 days as the time interval for the stoma to heal. This causes the accidental risk of tracheomalacia, tube dislodgement, and inadvertent decannulation (Morris et al., 2013).

Care for patients with a tracheostomy is traditionally taken under specialized areas such as

in the ICU and ENT ward, where that procedure is carried out. Caring for tracheostomies patients in the ICU and ENT general ward is largely focused on physical care and wellbeing (Nakarada-Kordic et al., 2018). Therefore there is a lack of consistency on how to manage tracheostomy tube among nurses regarding policies and practices of a caring patient with tracheostomy at different units and wards (Pritchett et al., 2016).

To alleviate the fear of changing the tube and suctioning procedure, the staff nurse needs to prepare the patients for the upcoming procedure. Therefore establishing trust and receiving reassurance from the nursing staff before changing the tube, help to prepare and relax the patients and their family for what they describe as unpleasant though not a painful procedure, given that nursing care make them feel safe and cared also they attributed this not only competence and skills with the procedure but also to the manner and sensitivity with which the staff performed the procedures (Nakarada-Kordic et al., 2018).

A study conducted by Everitt, (2016) shows that displacement of the tracheostomy tube causes 50% of death related to blocked and displacement of tracheostomy tube due to lack of skills for caring for tracheostomy patients. Therefore nurses caring for patients with tracheostomies must be aware of the insertion technique to be performed in an emergency tube change. Also, the ability to identify whether this tracheostomy is temporally or permanent since it will affect the regular plan of care in different situations.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study design

This study used a descriptive exploratory design (Polit & Beck, 2014) to explore nurses' views and experience of caring for tracheostomy complications. This study design was chosen due to the nature of the study that focuses to understand the nurses' views and experience of caring for tracheostomy complications to cancer patients in their natural context. The qualitative approach will enable a researcher to engage with the participant to obtain rich information about phenomena (Apuke, 2017).

3.2 Site and setting

The study was conducted at ORCI. This was a main public Tertiary Referral Cancer Hospital that offers a majority of cancer services compared to the rest of the hospitals providing cancer services in the country. ORCI provides care to an estimated 5400 new cancer patients per year, including radiotherapy and chemotherapy for cancer patients and including head and neck cancer (HNC). Through shared tumor board with Muhimbili National Hospital (MNH), Head and Neck Cancer (HNC) patients are referred to ORCI. Not only but also, some patients who were referred from upcountry to ORCI. Head and Neck Cancer (HNC) patients with tracheostomy were cared for by nurses at ORCI, except when they needed a surgical intervention they were supposed to be referred to MNH for such kind of services.

3.3 Study population

In this study, the population comprised of all registered nurses working at the ORCI. Nonetheless, ORCI has 85 as a total number of nurses' where 9 is the number for enrolled nurses and 76 is for the registered nurses obtained from hospital administration at the time of writing the proposal. Then, in this study registered nurse refers to those nurses with the Diploma, Advanced Diploma, Degree, or Masters and licensed for clinical practice while Enrolled nurses are the nurses with a certificate in nursing practices. The target population of the study was registered nurses working at ORCI and involved in providing direct patient

care to Tracheostomies cancer patients. Therefore the study was target registered nurses because are the ones who provide care to a cancer patient at ORCI.

3.4 Sample size and selection

The Sample size of this study was depending on the saturation point. The Saturation point is the point where determine the data saturation when there was enough information to replicate the study and when the ability to obtain additional new information has been attained, and when further coding was no longer feasible (Fusch & Ness, 2015). This means the sample size for this study was not predetermined, instead the interviews would stop when the researcher will notice the repetition of the earlier gained information with little or no new information in regards to their search questions. Therefore, data saturation was the principle deciding sample size for qualitative study and reached when no new insight was generated from the subsequent interview and the study participants provided maximum information on the phenomenon explored (Sim et al., 2018). Nonetheless, Sim et al., (2018) suggested including the range of 10 to 20 for knowledgeable participants to discover and understand nurses' views and experience of caring for tracheostomy complications to cancer patients.

3.5 Sampling procedure

This study was employing a purposive sampling technique (judgment sampling) for the selection of study participants at ORCI. The sampling technique has been chosen because it was deliberately selecting the participants due to the qualities the participant possesses (Etikan, 2016). In this study, the participant was selected based on their knowledge, skills, competence, and experience of care, and managing tracheostomy complications in cancer patients. However, in avoiding bias when selecting study participants, the researcher would include registered nurses from different wards with different characteristics to ensure maximum variation in the study on sharing of their view and experience to a cancer patient with tracheostomy complications.

3.6 Inclusion and exclusion criteria

3.6.1 Inclusion criteria

All registered nurses with working experience for more than six months at ORCI and at least had provided direct care to cancer patients with tracheostomy complications.

3.6.2 Exclusion criteria

- All registered nurses who will be involved in administrative activities and not providing direct care to cancer patients at ORCI
- All registered nurses will be in acute ill condition and on a long leave such as maternity.

3.7 Data Correction tool/method

During the interview, data were collected by using an interview guide with a question related to nurses' views and experience of caring for tracheostomy complications to cancer patients. The interview guide was consisted also of probing questions, aimed to uncover the understanding of the phenomena related to views, experiences, and perceived barriers on caring for tracheostomy complications to cancer patients organized according to the research questions. The interview guide was comprised of the question on nurses' demographic that covers the gender, level of education, and nurses working experiences. Moreover, Nurses' views of caring for tracheostomy complications to cancer patients. Furthermore, nurses' experience of caring for a tracheostomy complication to cancer patients and Perceived barriers that were all obstacles and how do you overcome those barriers during the execution of care. Therefore, the interview guides was contain specific topics with open-ended questions to the key informants and it was the main source of data collection tool for generating insight and preliminary sub-themes during data analysis.

3.8 Data collection procedure

After obtaining the permissions for data collection, the researcher was presented to the wards

in charge that were conversant with the environments. Ward in charge introduce the researcher to the study participants where the researcher was taking that opportunity to explain the purpose of the study, benefit, and risk as well as the inclusion and exclusion criteria of participating in a study. To maximize the variation and avoid biases of participants, all registered nurses who meet the inclusion criteria were purposively selected based on their level of working experience, familiarity, and educational background. Then, a researcher was making an appointment for an interview for registered nurses who agree to participate in the study two days before. The interview was conducted by a researcher who was experienced in clinical nursing, at a convenient time, in a quiet place with privacy to allow the participant to feel free to respond and follow the interview.

During an interview, it was scheduled and conducted when the participant was off duty to allow maximum participation without any interference. The duration for each interview was expected to last 60 and 90 minutes for each participant included in the study while the Swahili language was used as the medium of communication since this is the national language preferred by all Tanzanians. Also, this was allowing maximum participation among participants during the interview. A written consent form to participate in the study was sorted beforehand and information from interviews was recorded by using a tape recorder and field notes that were taken by the researcher. Confidentiality and privacy were considered guaranteed during the data collection whereby no name of the participant was mentioned.

3.9 Data management and analysis

The data analysis was based on qualitative thematic analysis according to Braun and Clark (2006). The researcher was started with familiarizing with data from the interview. The researcher continued to generate the initial list of ideas about the data and started to initiate the code and the recorded data was transcribed into a word document, textual data was labeled by codes. The collected data was analyzed at the broader level of themes and sorted in different codes into potential themes' and similar code was grouped to identify themes. The researcher starts checking the validity of individual themes concerning the data set. All

data within the themes should join together, meaning that the researcher refines the specific of each theme while there should be clear and identifiable distinctions between them. For each theme, the researcher needs to conduct and write a detailed analysis and identify

Information from each theme, the accuracy of the collected data from the research question to ensure there was not too much overlap between themes. Lastly, the researcher writes up the report by selecting a vivid compelling extract and relating the analysis is to the research questions and literature to produce a scholarly report of the analysis and to provide sufficient evidence of all the themes within the collected data (Braun & Clarke, 2006).

Qualitative thematic analysis

Table 1 : Example of data analysis

Quotes	Codes	Sub themes	Themes
<i>Extra training is needed and availability of equipment in order to manage emergency complications of tracheostomy, once it happens because it takes time until they reach MNH you may find that patients collapse</i>	Training to all medical staffs, training to new nurses, extra training to nurses and senior nurse should provide education about tracheostomy care	Accessibility of the induction coaching Availability of continuous education	Regular training and ongoing practices can improve nurses confidence to care
<i>There is no clinical guideline that guides on how to care for those cancer patients with tracheostomy so</i>	Presence of secretions, Tube dislocations, Bleeding from the tube, difficulty in breathing	Guideline for procedure and practice Incompetence to care and manage complications	Need of guideline for procedure and practice in caring for tracheostomy complications

<p><i>always they use their own experience which they have</i></p>			
<p><i>Patients cannot breathe due to mucous secretions and tube with drawer so they reported that they cannot be able to replace the tube, they think that once they try to replace the tube they may cause pain to the patients, they tried to overcome the barriers by calling the fellow nurse for help</i></p>	<p>Leaving patients alone, Running from the patient's ward and calling for senior staff nurse</p>	<p>Fear of nurses to deal with some of patients complications</p> <p>Ways of managing tracheostomy complications</p>	<p>Nurses perception of the management of tracheostomy complications</p>

Trustworthiness

In qualitative research, several measures were taken to ensure the trustworthiness of the study found. It was an important concept which was involving four assessment criteria: credibility, dependability, confirmability, and transferability (Korstjens & Moser, 2018).

Credibility

Refers to how well the data were collected and how well the research methodology relates to the objectives. Credibility was enhanced by involving participants of varied backgrounds

and with varied experiences of care and management of complications to cancer patients with tracheostomy and also it can provide different perspectives on the topic. The researcher was developing the interview guide which was used to increase the credibility of the thesis and obtain perspective on the topic.

Dependability

Regarding dependability. The researcher participates in the analyses and was used the same interview guide for all participants to ensure that the analysis process and interpretation were reliable.

Conformability

To enhance conformability, representative quotations that can be traced back to the original interviews have been used in the thesis and the constituents 'papers to assure readers that the results presented were grounded in the data.

Transferability

Transferability within a qualitative thematic analysis refers to the extent to which the results of one analysis can be transferred to another similar context or group. The thesis has provided a clear, distinct, and detailed description of the research setting and analytical process to help readers evaluate the extent to which the results are applicable in other similar settings.

Ethical consideration

The researcher obtains ethical clearance from the Muhimbili University of Health and Allied Sciences (MUHAS) at the directorate of research and publication before the study. Permission to conduct the study was obtained from the Executive director of ORCI, director of clinical services, and finally head/ in patients supervisor ORCI/. Participants were assured of secrecy and Confidentiality throughout the study. The interview was recorded in a private and favorable environment with no interference from other people who are not concerned with the study. Written consent was required from participants before they participated in the study. The aim of the study was well explained to them. Confidentiality was obtained by anonymity, no name was used to identify participants only a number was used for

identification. All rights of participants such as the right to withdraw from the study at any time and this did not involve penalty or losing their benefits like entitlements, promotion, and workshop were as informed. The Information recorded was kept secured and only reachable to the researcher. Access to data entered on a computer file was through the pass word known to the researcher only.

Study Limitation and Mitigation

- i. The researcher's presence during data gathering can affect the subject's responses. Therefore, the researcher was ensuring the issues of anonymity and confidentiality were well maintained.
- ii. An Interview may be suspected to bias from participants during an interview if the participant were faced work load. Therefore researchers were combated this by asking indirect questions and asking them to think about what a third party will do in a particular situation at the time when the participant had finished his/her work.
- iii. Social desirability bias- since I was working there with them they could give me under or over response, also the method of selection of the study participants which was purposeful selection might lead to this bias because the participants were working in a tertiary referral cancer hospital and were as extremes in their response. Therefore as a researcher, I understand this and I was used different cadres for balancing and I was used to prolonging engagement in the setting and use of indirect questions during an interview to mitigate this bias.
- iv. There was an issue of losing the true meaning through the translation process therefore I was transcribing data verbatim.
- v. Obvious the study was used few participants hence generalizability was not be ensured. Therefore saturation of data was used and also qualitative studies focused on theoretical generalization rather than statistical generalization.

Dissemination of the finding

A research report was presented to the school of nursing and director of postgraduate studies at MUHAS as partial fulfillment of the requirement of the award of master's degree in Nursing. The results of the study were communicated to ORCI. Efforts were made to publish a result in a peer-reviewed scientific journal and make a presentation at seminars, scientific conferences, and workshops. Hard and soft copies were availed to MUHAS library, and ORCI library, and finally to Ministry of Health and Social Welfare.

CHAPTER FOUR

4.0 RESULTS

This section includes a description of the result starting with the analysis of the participant's demographic data, followed by themes and respective quotes

Demographic data of participants

Sixteen registered nurses were interviewed. Most of the participants were female 12(75%), majority of them were of the age range between 30-39 years, 7(43.7%). Most nurses had a diploma in nursing 14(87.4%), with working experience below 5 years (6.3%) and above 10 years (43.8%).

Table1: Participants *characteristics*

Characteristics	Frequency	Percentage
Age		
20-29	4	25%
30-39	7	43.7%
40-49	4	25%
50-59	1	6.3%
Sex		
Female	12	75%
Male	4	25%
Place of work		
Cancer ward	16	100%
Training		
Yes	0	0%
No	16	100%
Working experience		
<5year	1	6.3%
5-10years	8	50%
>10years	7	43.7%
Education		
Diploma	14	87.4%
Degree	1	6.3%
Master	1	6.3%

Themes and quotes from interviews

Through data analysis, four themes emerged which are: 1). Availability of equipment and supplies within a hospital setting, 2) Need for training to manage complications, 3) Need for a multidisciplinary team approach to care for patients, 4) Involvement of caregivers and patients in tracheostomy care. See table 2 for themes and quotes

Table 2: Themes and quotes from the interview

Themes	Quotes
Availability of equipment and supply within a hospital setting	<i>“It is better to have a ventilator Machine in the wards, which can be used during difficulty in breathing, because these patients with tracheostomy you can’t administer oxygen by using face mask”</i>
Need for training to manage complications	<i>“Providing training to all nurses so as may increase confidence and practice during complication and minimize unnecessary referral of the patients to Muhimbili National Hospital”</i>
Involvement of caregiver and patients on tracheotomy care	<i>“Health education provided to relatives to be as part of first aid before rushing patients to hospital”</i>
Need for a multidisciplinary team approach	<i>“I request for the fellow nurse to help when complications arise and when she fails, I call for a doctor”</i>

Theme1. Availability of equipment and supplies within a hospital setting

The participant shared their views on the availability of equipment and other supplies. They reported that it could be better for hospital management to supply varieties of equipment and machines, which are always needed or used during caring for tracheostomy complications. For example, nurses mentioned that they encounter complications such as difficulty to eat or swallow, severe bleeding, tube dislodgment, tube blockage, and difficulty in breathing. They mentioned complications need to be managed by using some equipment and materials. However, they stated that they do not have ventilators in the ward.

” It is better to have a ventilator machine in the wards ... used during difficulty in breathing...patients with tracheostomy you can’t administer oxygen by using face mask” (Participant10).

One participant reported that there are few suction catheters and Ambu bags, Lack of these supplies complicated tracheostomy care.

”Once patients get problems of tube dislodgment and we don’t have supplies, we call a doctor so that he can refer the patient to National hospital” (Participant1).

Moreover, the participant’s expressed their views that it is important to manage tracheostomy complications for example difficulty in breathing, tube with drawer by doing so you may save patients life, therefore there is a need to distribute equipment which is essential for the services needed so that you can manage the arising complication.

”Equipment distributed according to the services delivery itself” (Participant 10)

Theme2. Need for training to manage complications

Participants suggested that they needed more training to manage tracheostomy complications since they are the ones who stay with the patients for most of their time. The majority of nurses with less working experience expressed these views.

“Training ...” “to all nurses so as they may increase confidence and practice during complication ... referral of the patient’s to Muhimbili National Hospital”(Participant 7).

Participants shared their views that new registered nurses should be given priority in training on the management of tracheostomy complications as they lacked confidence and experience. Also insisted that majority of new nurses tend to disappear and even they are anxious and deciding to leave those patients struggling alone as these nurses feared to care and manage complications.

“For new staff nurses; ... program of teaching or training on management of tracheostomy complication majority they fear and disappear once those complications occurs” (Participant 2).

Theme 3. Involvement of caregiver and patients on tracheotomy care

Participants expressed their experience that health education should be provided to relatives, as these relatives are the ones who stay together with their patients and provide for their basic needs. In addition to minimizing hospital stay, unnecessary follow-up, and provision of good outcomes in the caring process there is a need to work as a team and involve the relatives or family members during tracheostomy care so that can gain some of the skills on caring for tracheostomy even when they are at home. Therefore when a complication occurs it will be easier for relatives to manage the complications as first aid before rushing to the hospital

” Health education given to relatives ... patients are discharged from the hospital it will be easier for relatives to provide first aid before rushing patient to hospital“(Participant 2).

Participants experienced that patients have a big role in contributing to his care, therefore nurses duty is to provide health education to patients about tracheostomy care so that they can help those patients to prevent some the complications to occur such as infections, tube with drawer also knowing how to clean around the stoma, to maintain hygiene and also when they have stayed at home they may do it for themselves.

“Nurses provide health education to patients after discharged planning from the hospital, because patients play a big role in their care and they can be cared themselves” (Participant 9)

Theme 4. Need for a multidisciplinary team approach

head to allow for blood to come out while waiting for my colleague nurse helping to find
 Patients care depends on nursing staff and doctors for the provision of quality care. When working together some challenges can be solved as a team. For example, due to a lack of adequate skills, new nurses preferred to involve senior nurses or doctors when performing tracheostomy procedures so that they can benefit from their knowledge and experience.

“I request for a fellow nurse to help when complications arise and when she fails, I call for a Doctor” (Participant3)

The participant reported that they may encounter major challenges, for example, one patient obtains more than one complication at once and she fails to manage all at a time to rescue the patient’s life. Therefore they are deciding to manage one complication while waiting for another fellow nurse to manage the other complications.

” Found that patients presenting with severe mucous secretions, ... so am asking myself what can I do, ... leaning the patients for suction machines” (Participant 7).

CHAPTER FIVE

5.0 DISCUSSION

The chapter begins with a discussion of the study finding on nurses' views and experience of caring for tracheostomy complications to cancer patients at tertiary cancer referral hospitals. Whereby various issues were reported concerning tracheostomy complications. Four themes are discussed in this section, which are: 1). Availability of equipment and supplies within a hospital setting, 2). Need for training to manage complications, 3). Involvement of caregivers and patients in tracheostomy care, 4). Need for a multidisciplinary team approach to care for patients,

Availability of equipment and supplies within a hospital setting

Nursing staff reported that when complications occur they fail to help patients due to insufficient equipment and other supply. Not only that nurses fail to care for tracheostomy, and manage complications due to insufficient equipment but also due to a lack of relevant materials or devices. One study shows that a patient with a tracheostomy tube is at risk of death if inadequate or inappropriate care is provided (Nawaz et al., 2020). Failure to intervene during complications due to inadequate supplies may be fatal within minutes (Blue et al., 2015). Therefore, to provide quality tracheostomy care, there is a need to improve the availability of equipment and supplies for tracheostomy care; this is also expressed by a study done by (Nakarada-Kordic et al.,2018). In addition, tracheostomy care is very challenging due to a lack of family, Caretaker, and health care work knowledge and training about tracheostomies as well as limited supplies for use in the home and hospital settings (Sandler *et al.*, 2020)

Need for training to manage complications

The participants highlighted that management of tracheostomy complications is an emergency requiring appropriate knowledge and skills. A study done in Kuwait revealed that inadequate or inappropriate tracheostomy care is strongly associated with increased morbidity

and mortality (Alajmi et al., 2021). Hence nursing staff knowledge is required urgently to provide quality tracheostomy care. Training of healthcare providers is important and should include both routine care as well as resuscitation procedures. Care of patients should be supported by hospital-wide guidelines for tracheostomy and also the availability of equipment at the bedside (Zhu et al., 2014). Nurses in our study expressed that they lacked the confidence to manage tracheostomy patients due to inadequate knowledge and lack of protocols. Lack of adequate knowledge and skills causes the majority of patients to be referred to Muhimbili National Hospital for further management. Therefore it is important that hospitals standard operating procedures for caring for these patients is needed (Morris et al., 2013). In addition, nurses should be trained to follow these standard procedures to have effective tracheostomy care. Lack of training to manage complications creates nurses to be unaware and not competent in care and management of complications. A cross-sectional prospective observational study done in Saudi Arabia by (Alnemare, 2020), revealed that staff nurses, caregivers, and even family members both lack awareness, knowledge, and practice on tracheostomy care. Therefore patients' expectation is to be cared for by nurses who are confident, competent, and professionally responsible in providing tracheostomy care which implies that they need to possess adequate skills and knowledge.

Involvement of caregiver and patients in tracheostomy care

Caregivers are the primary provider of caring for patients with tracheostomy in the community setting. There is an increase in tracheostomies in general wards and many are discharged from the hospital and therefore nurses are supposed to provide health education, information on care, and management of tracheostomy to the family members. A study done in Iran by (Hajalizadeh *et al.*, 2021). Revealed that nurses focus primarily on the need of the patients and forget family needs, nurses like those in close contact with the patients and are ideal individuals is to help family members meet their needs and deal with a stressful situation. Therefore the role of professional nurses is to examine patients and families for training with enough information, design, prioritize and assess for educational needs, hospitalization time, and ability of patients during discharge after receiving a tracheostomy. These findings reflect the finding of our study

whereby nurses emphasized the need for this education. The participants reported that family member plays an important role in caring for their patients and also, identifying all the basic need which is needed patients, On the other hand, many patients with head and neck tumor are discharged home with a tracheostomy tube inserted this situation creates many anxieties to the caregivers. Therefore to relieve anxiety-related tracheostomy health education should be provided to caregivers before discharge home so as they can deliver appropriate care (Loerzel et al., 2014).

Despite involving Caregivers and patients in tracheostomy care, it has been seen that nurses who are responsible for the provision of health education to them are lacking skills in tracheostomy care. A study done by (Mai *et al.*, 2020), revealed that nurses are not knowing how to properly change tracheostomy tubes, clean the tube, and even replace the tube and respond immediately to an emergency as expressed by a caregiver. Therefore this finding shows those professional nurses who are responsible for the provision of health education to relatives and patients before discharge planning are lacking skills and confidence in tracheostomy cares a result contributing to poor performance and outcomes in the care and management of tracheostomy complications.

Need for a multidisciplinary team approach

The participant highlighted that they were facing many challenges during care and management of tracheostomy. The challenges were failure to replace the inner cannula, suctioning direct to the tracheostomy tube, severe bleeding from the tube, difficulty in breathing, and inadequate equipment and supplies, therefore when these occur responsible nurse is supposed to request senior nurse even to call a doctor. An early multidisciplinary team approach during tracheostomy care and management is needed. A study done in Kuwait by (Alajmi et al., 2021), revealed that a multidisciplinary team consisting of surgeons, respiratory therapists, speech and language therapists besides clinical nurses to follow and manage patients with a tracheostomy have been proven to reduce the rate of complications. Patients with tracheostomy are discharged from the Intensive Care Unit to the general ward to continue with tracheostomy care, given that due to the risk of tracheostomy complications

participants stressed the need for multidisciplinary team collaboration including medical doctors, nurses, and other healthcare providers. A study done in Australia by (Garrubba et al., 2009) shows that multidisciplinary tracheostomy care is the most appropriate modal of care for tracheostomy patients' and also it has reduced the time for hospitalization among these tracheostomy patients. Participants reported their perception of tracheostomy care is the best example of care by health workers. Therefore many medical, nursing, and allied health teams are required to deliver coordinated effective care. A study done by (Bonvento *et al.*, 2017), revealed that On the other hand around two-third of hospital inpatients with tracheostomy are primarily managed by nonsurgical teams usually from intensive care medicine or respiratory background, whereby there was a development in the delivery of health care in general with the additional complex need of the patients and family and call for the multidisciplinary team to achieve optimal patients outcomes.

CONCLUSION

This study shows that caring for tracheostomy complications among registered nurses is very challenging due to inadequate knowledge on tracheostomy care and inadequate equipment and supplies, therefore to improve tracheostomy care and management, there is a need for training of nurses in managing complications, availability of equipment and other supplies. In addition, there is a need for the involvement of caregivers and multidisciplinary teams in the care process.

RECOMMENDATION

Based on study findings, the following are the recommendations:

Further study should be done based on patients' views and experience on caring for tracheostomy complications in cancer patients

Recommendation for the hospital management

1. Hospital management should make sure there is an availability of equipment and supplies within a hospital setting.
2. The ministry of health with the cooperation of hospital management should prepare guideline strategies and policies which should be followed by all health care professionals.

Recommendation for nurses

3. I will recommend for all nurses to play a role by frequent practice on tracheostomy care so that to increase their nursing skills and confidence.
4. Nursing management together with the cooperation of critical care nurses' should prepare training about caring for tracheostomy complications
5. Development of SOP which can be used for all nurses within a hospital

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APPENDICES

Appendix I: Interview guide (English version) Part

A: Introduction, consent and rapport building

Part B: Participants background

Information Start time: ____

Introduction/summary of the study

Interviewer: My name is **Mwamvita Twalhata Said**, Thank you again for your willingness to be part of this discussion. I look forward to hearing your thought. I am going to ask you some of the questions that will help me to understand more about your views and experience of caring for tracheostomy complications in cancer patients. Your answer will help to understand perceived barriers faced by nurses that could be addressed in providing care of tracheostomy complications to cancer patients.

Before we begin I would like to confirm that you have given your voluntary consent to participate in this interview. Do you agree freely? Do you have any questions?

then I would like to begin.

SECTION A: Background information

Date ____/____/____

Participant identification number _____

1.0 Can you tell me about yourself?

Sex ____

Age ____

Working area _____

Current employment position _____

The highest level of professional education attained _____

Years of working in a cancer hospital _____

Any training about tracheostomy care _____

SECTION B:**Objective 1: nurses' views regarding caring tracheostomy complications to cancer patients**

1. What are your views regarding the management of tracheostomy complications, please tell me?
2. What are your views regarding tracheostomy care for cancer patients, please describe your views?

Objective 2: nurses' experience of caring tracheostomy complications to cancer patients

3. What do you know about tracheostomy care for cancer patients, please tell me?
4. What is your experience regarding tracheostomy care to cancer patients, explain your experience, please?
5. What is your experience regarding the management of tracheostomy complications to cancer patients, explain your experience, please?

Objective 3: nurses' perceived barriers regarding caring of tracheostomy complications to cancer patients

6. What are barriers regarding tracheostomy care to cancer patients, please tell me?
7. What are barriers regarding the management of tracheostomy complications to cancer patients, explain to me, please?

Appendix II: Interview guide (Swahili versions)

Maoni ya wauguzi na uzoefu katika utoaji huduma wa madhara ya tracheostomy kwa wagonjwa wa saratani

Sehemu A: Utangulizi na Idhini ya kujenga

mahusiano Sehemu B: Taarifa za awali za

mshiriki

Muda wa kuanza

Utangulizi /muhtasari wa utafiti

Mtafiti: Kwa majina naitwa Mwamvita Twalahata Said, napenda kutoa shukrani zangu tena kwako kwa kukubali kushiriki kuchangia fikra zako, napenda kukuuliza maswali ambayo yatanisaidia mimi kuelewa maoni/ mtazamo na uzoefu wako wa kuwahudumia nakudhibiti madhara yanayotokana na tracheostomy kwa wagonjwa wa saratani. Majibu yako yataenda kusaidia kujua juu ya vizuizi vinavyoonekana ambavyo wauguzi wanakabiliwa navyo vinaweza kupelekea kushindwa katika kutoa huduma za athari ya tracheostomy kwa wagonjwa wa saratani.

Kabla ya kuendelea ningependa kujiridhisha kwamba umepewa fomu ya ridhaa ya mshiriki, je uko tayari kushiriki? Je una swali lolote?

Sasa tunaweza kuanza

Muongozo wa usahili jinsi ya kuangalia maoni na uzoefu wa wauguzi katika utoaji huduma/utonzaji kwa wagonjwa wa saratani wenye tracheostomy.

SEHEMU A: muongozo kwa

mshiriki

Tarehe: -----/-----/-----

Namba ya utambulisho ya

mshiriki Sehemu A:

Taarifa za kijamii

Elezea Taarifa zako binafsi

Jinsia

Umri

Sehemu unapofanyia kazi

Nafasi yako kazini

Kiwango chako cha elimu

Miaka yako katika hospitali ya saratani

Mafunzo yeyote yanayohusu tracheostomy

SEHEMU B:

Lengo1: Maoni ya wauguzi kuhusu utunzaji wa athari za tracheostomy Kwa wagonjwa wa saratani

1. Toa maoni yako kuhusu utunzaji wa athari za tracheostomy kwa wagonjwa wa saratani, tafadhali niambie?
2. Maoni yako ni yapi kuhusu huduma ya utunzaji wa tracheostomy kwa wagonjwa wa saratani, tafadhali eleza maoni yako?

Lengo 2: Uzoefu wa wauguzi jinsi ya kutunza athari zitokanazo na utumiaji wa tracheostomy kwa wagonjwa wa saratani

3. Unafhamu nini juu ya utunzaji wa tracheostomy kwa wagonjwa wa saratani, tafadhali niambie?
4. Ninini uzoefu wako kuhusu utunzaji wa tracheostomy kwa wagonjwa wa saratani ,tafadhali nielezee uzoefu wako?
5. Unauzoefu gani kuhusu udhibiti wa madhara yanayotokana na tracheostomy kwa wagonjwa wa saratani.Tafadhali nielezee uzoefu

wako?

Lengo 3: Vikwazo kwa wauguzi vinavyoonekana kuhusu utoaji wa huduma wa athari za tracheostomy kwa wagonjwa wa saratani

6. Je kuna vizuizi gani kuhusu utunzaji wa tracheostomy kwa wagonjwa wa saratani. Tafadhali niambie?
7. Je kuna vizuizi vipi kuhusu kudhibiti madhara yanayotokana na tracheostomy kwa wagonjwa wa saratani. Nielezee tafadhali?

Appendix III: Informed Consent (English version)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)**DIRECTORATE OF RESEARCH AND
PUBLICATIONS MUHAS INFORMED
CONSENT FORM****ID NO: HD/MUH/T.500/2019**

Consent to participate in a study

Title: Nurses' views and experience of caring tracheostomy complications to cancer patients at Tertiary Referral Cancer Hospital Dar-es-salaam Tanzania**NAME: MWAMVITATWALHATASAIID****Purpose of the Study**

The purpose of the study will aim to explore nurses' views and experience of caring and managing tracheostomy complications to cancer patients at Tertiary Referral Cancer Hospital

What Participation Involves

If you agree to join the study, you will be interviewed to answer a series of questions in the interview guide prepared for the study.

Confidentiality

The information from the study will be kept in a safe place with access to authorized

personnel only and will be used for research purposes only. No names will be used instead identification numbers will be used to represent the participants.

Risks

For this study, we do not expect any risk while participating in this study.

Rights to Withdraw and Alternatives

To participate in this study is completely your choice, you are free to choose either to participate in this study or not. You can decide to stop participating in this study at any time you wish even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

If you agree to take part in this study there are no direct benefits that you will get from this study but we believe the information you will provide will help in improving nurses' views in providing tracheostomy care and management of complications to cancer patients at Tertiary Referral Cancer Hospital, Dar es Salaam Tanzania.

Compensation

There will be no compensation of any kind for participating in this study.

Whom to contact:

In case of any questions about this study, don't hesitate to contact the principal investigator

Mwamvita T Said Muhimbili University of Health and Allied Sciences School of Nursing

P.O. box. 65004 Dar-es-Salaam, through **Mobile +255 655400935** or research supervisor **DrMenti Ndile**, Muhimbili University of Health and Allied Sciences School of Nursing P.O.Box.65004Dares Salaam, **Mobile Number +255714890015**

If you ever have questions about your rights as a participant, you may contact the Director of Research and Publications Committee **Dr. Bruno Sunguya** Muhimbili University of Health and Allied Sciences P.O.Box65001 Dares Salaam **Tel+255222150302 -6/2152489**

Do you agree?

Participant agrees..... Participant does not agree.....

I.....have read the content in this form. My questions have been

answered. I agree to participate in this study.

Signature of participant.....

Signature of principal investigator.....

Date of signed consent.....

Appendix IV: Fomu ya ridhaa (Kwa lugha ya Kiswahili)

CHUO KIKUU CHA AFYA NA SAYANSI SHIRIKISHI MUHIMBILI



KURUGENZI YA TAFITI NA UCHAPISHAJI.FOMU YA RIDHAA.

Nambari ya usajili: HD/MUH/T.500/2019

Naitwa Mwamvita Twalhata Said Mimi ni mwanafunzi wa mwaka wa pili katika shahada ya uzamili ya huduma kwa wagonjwa mahututi na majeruhi katika chuo kikuu cha afya na sayansi shirikishi Muhimbili. Nina fanya utafiti kuhusu **“MAONI NA UZOEFU WA WAUGUZI KATIKA UTOAJI WA HUDUMA NA UDHIBITI WA MADHARA YATOKANAYO NA TRACHEOSTOMY KWA WAGONJWA WA SARATANI KATIKA HOSPITALI YA RUFEE YA SARATANI DAR-ES-SALAAM, TANZANIA”** Utafiti huu unawahusu wauguzi wanaofanya kazi katika wodi zinazolaza wagonjwa wa saratani wenye tracheostomy katika Hospitali ya Rufaa ya Saratani Dares Salaam, Tanzania.

Umuhimu wa utafiti huu.

Utafiti huu unalenga kuchunguza maoni na uzoefu wa wauguzi kwenye kutimiza utoaji wa huduma ya tracheostomy kwa wagonjwa wa saratani katika Hospitali ya Rufaa ya saratani.

Jinsi ya kushiriki.

Ukikubali kushiriki katika Utafiti huu, utasaidia kuweza kujibu maswali kutoka kwenye dodoso lililo andaliwa kwa ajili ya Utafiti huu ambapo utaulizwa na mtafiti nae ataandika maelezo yako.

Usiri

Majibu yote yatakusanywa kutoka katika eneo la Utafiti na yatahifadhiwa sehemu maalum ambapo wahusika tuu ndio wataruhusiwa kuzipata. Taarifa hizo. Pia majina hayatumika badala yake tutatumia nambari ya utambulisho tu..Hakuna jina la mshiriki litakalochapishwa.

Madhara

Hatutegemei madhara yeyote kutokea kwa kushiriki kwako katika Utafiti huu.

Haki ya kutoshiriki au kusitisha kushiriki na mbadala

Kushiriki katika Utafiti huu ni chaguo lako, na unaruhusiwa kukubali au kukataa kushiriki katika Utafiti huu. Pia unaweza kusitisha kushiriki katika Utafiti huu muda wowote utakapojisikia hivyo hatakama umeshakubali kushiriki Kukataa kushiriki au kusitisha kushiriki katika Utafiti huu hakuta kufanya upoteze haki zako za msingi au kupata adhabu yoyote.

Faida

Ikiwa unakubali kushiriki katika Utafiti huu hakuna faida moja kwa moja ambayo utapata kutoka kwa Utafiti huu lakini tunaamini habari utakayotoa itasaidia kuboresha mazoezi ya wauguzi kuhusu utoaji wa huduma ya tracheostomy kwa wagonjwa wa saratani katika Hospitali ya Rufaa ya Saratani Dares Salaam.

Fidia

Hakuna fidia yoyote itakayotolewa katika Utafiti huu, kwa kushiriki au kutoshiriki katika Utafiti huu Pia unaweza kujitoa /kujiengua wakati wowote.

Mawasiliano.

Kama utakuwa na swali lolote kuhusu Utafiti huu unaweza kuwasiliana na mkuu wa utafiti huu MWAMVITA TWALHATA SAID, Shule ya Uuguzi ya Chuo Kikuu cha Afya na

Sayansi Shirikishi Muhimbili, S.L.P. 65004, Dar es Salaam, namba ya simu+**255 655400935** au unaweza kuwasiliana na msimamizi wa utafiti huu **Dr. Menti Ndile**, Shule ya Uuguzi Chuo

Kikuu cha Afya na Sayansi Shirikishi Muhimbili, S.L.P. 65004, Dar es Salaam namba ya simu **+255 714890015**.

Na ukiwa na swali lolote kuhusu haki zako kama mshiriki, unaweza kuwasiliana na Mkurugenzi wa Utafiti wa Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili, **Dr Bruno Sunguya S.L.P. BOX 65001, Dar-es-Salaam. Tel+255 222150302 -6/2152489**.

Je unakubali?

Mshiriki kakubali.....Mshiriki hajakubali.....

Mimi,.....nimesoma na nimeelewa maelezo ya fomu hii. Maswali yangu yote yamejibiwa na nakubali kushiriki katika Utafiti huu.

Sahihi ya mshiriki.....

Sahihi ya mtafiti.....Tarehe.....

Appendix V: Cover latter for requesting an ethical clearance

The Director of Postgraduate
Studies MUHAS
P.O.Box 65001
Dar-es -Salaam.

MUHAS
School of Nursing
P.O.BOX65001
Dar -es-Salaam.
19 /MARCH /202

U.F.S: Dean School of
Nursing MUHAS

U.F.S: Head Department of Clinical
Nursing School of Nursing
MUHAS

U.F.S: Research
Supervisor
School of
Nursing
MUHAS

Sir/Madam,

RE: SUBMISSION OF RESEARCH PROPOSAL FOR ETHICAL CLEARANCE

I am a resident in **MSc. Critical care and Trauma, in the School of Nursing at MUHAS.** Following the completion of the development of research proposal titled “NURSES’ VIEWS AND EXPERIENCE OF CARING TRACHEOSTOMY COMPLICATIONS TO CANCER PATIENTS AT TERTIARY CANCER REFERRAL HOSPITAL IN DAR-ES-SALAAM,

TANZANIA” I kindly submit the proposal for ethical clearance. Data will be collected by the researcher using a Semi-structured interview guide to obtain the information needed.

I agree to abide by MUHAS research guidelines and not to deviate from research study protocols.

The total estimated budget for the proposed research is **1,203,500/=Tshs** which will be provided by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC).

Attached here are copies of my completed research proposal sincerely
yours,

.....

Mwamvita Twalhata Said

Registered number: HD/MUH/T.500/2019

