

What matters most to ICU patients with a tracheostomy and what are the implications for clinical practice? A qualitative systematic review and metasynthesis

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Introduction

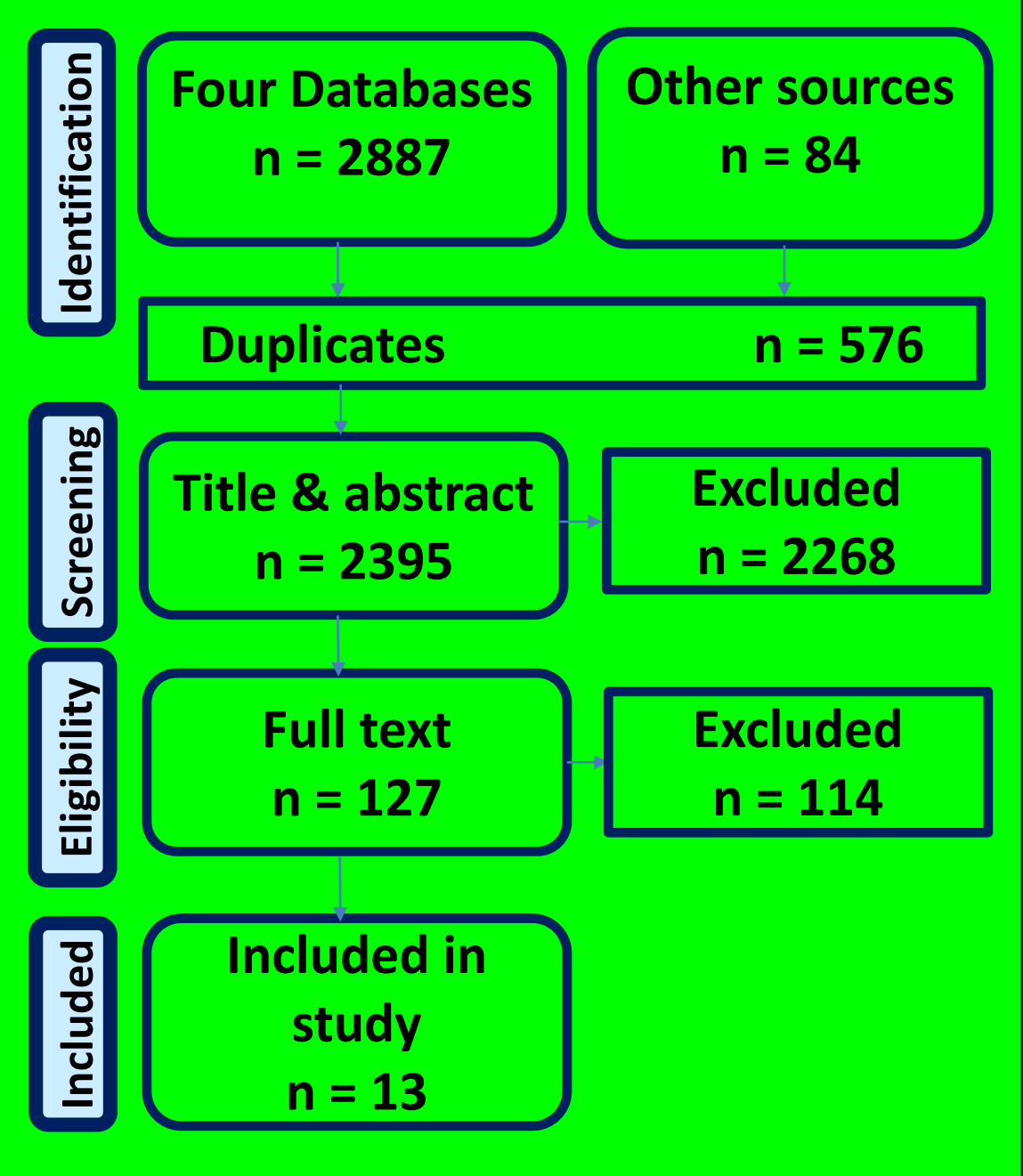
Methods



Tracheostomy is common in intensive care. The evidence base to support tracheostomy management is limited. Most studies focus on timing, technique and complications, and use hospital outcomes such as mortality or length of stay rather than patient-centred outcomes to measure success. In order to support patient-centred management decisions clinicians need to know what matters to patients. There is little published evidence on what matters most to patients with a tracheostomy in ICU.

- Protocol on PROSPERO
- Comprehensive [search strategy](#)
- Screening, data extraction, line-by-line coding in [EPPI-Reviewer](#)²
- Thematic Synthesis³
- Framework Analysis using the [Humanisation Value Framework](#)⁴

Results



- ### 5 Descriptive Themes
1. Voice and communication
 2. Autonomy & self-identity
 3. Psychological, emotional and cognitive needs & experiences
 4. Physical needs & experiences
 5. Facilitators to wellbeing & recovery



Patients with a tracheostomy want to be seen and treated as a **whole person**, and having a **voice** makes this easier

Conclusion

- Focussing on the physical body over the whole person risks **dehumanisation** of patients with a tracheostomy
- Patients’ voices help the development of **caring relationships** between staff and patients and help patients **maintain their identity**
- **Voice** should be given **high priority** in clinical decisions (e.g. tracheostomy tube size, cuff deflation, use of speaking valves)
- Staff training should focus on both **technical skills** *and* **compassion**, with examples of how these can be combined when caring for patients with a tracheostomy
- Further research is needed to **define humanised care** and **develop metrics** to capture it

References

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Declarations

Authors 1 and 2 hold HEE/NIHR Clinical Doctoral Research Fellowships