

# Critique and Appraisal of a Study on Patient Experiences with Pressure Ulcers

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## **Abstract**

The study by Spilsbury and others (2007) on the experience of pressure ulcers began with a high quality introduction and literature review with a purpose that was well stated, exploratory, and unassuming. The sampling method utilized was stated as being purposive in the article, but convenience, non-probability sampling was actually employed. Various methods of establishing rigor were omitted from the research design and this lowered the trustworthiness of the conclusion. Tables clearly displayed pertinent information. The results and discussion sections were well written and described patient experiences well, but mentioned few of the limitations of the study. The conclusion had a good summary of the findings and was of medium quality. The study is rated as medium in quality is recommended to practitioners who treat pressure ulcers.

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## **Critique of the Introduction**

This study was timely. The article mentioned that although four relevant studies were identified upon two database searches, those studies were limited to the populations of patients with “narrowly defined conditions living in the community.” The sources were mostly primary, which helped to strengthen the reason for the study. The sources were all linked to the impact of pressure ulcers on the overall quality of life, but there was not one that also focused on pressure ulcer care and treatment on the quality of life. The

first paragraph defined pressure ulcers and provided a background for the study to follow. The introduction had adequate flow of thought and was logical. The background of the study built up to the purpose statement, which was followed by three research questions. The purpose statement and three research questions conveyed no biasness; they were open, exploratory, and most importantly unassuming. Overall, the introduction and literature review were of medium to high quality.

## **Critique of the Methodology**

### *Sampling*

The sample was preformed on 4 NHS hospitals from medical, elderly care, orthopedic, and vascular surgery wards in the United Kingdom and included

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a large sample size of 23 patients. The exact location of the four NHS hospitals is not mentioned, therefore, if the exact locations were related or not is also unknown. The extent of how or why the hospitals were chosen was also unidentified. The authors of the study stated that they “recruited a purposive sample of 23 participants,” yet this was not the sample type used. The authors did not choose the patients to be in their sample. Rather, the patients contacted the researchers if they expressed an interest in participating, which is defined as the researchers recruiting a convenience sample. Furthermore, the sampling technique used was non-probability. Due to the selection of hospitals and patients in the study being of convenience sampling and non-probability, the external validity can be assumed to be of low quality. Refusal rate was stated as not being recorded and no estimates were presented in the article, which further lowers the external validity of the study and backs up the assumption that the sample was of convenience. Another threat to external validity or transferability was that the participants in the study represented the “core characteristics of the study population,” which means the authors attempted to interview average cases and provided no variety among the sample. Therefore, the findings of this study will apply to the average case only. The paragraphs in the sample section generally flowed well. The first paragraph of the participants’ section focused more on the study that was conducted alongside the actual study than opening up about the current study, and was distracting. Tables 2 and 3 appropriately displayed the characteristics of the participants, which is needed to judge transferability across populations and added to the quality of the study. Overall, with the numerous threats to validity and poor sampling type, external validity is considered to be of low quality.

#### *Research Design*

The study consisted of 23 participants, which provided adequate saturation. By using convenience sampling, the authors’ sample included only typical cases of pressure ulcers. The authors stated the study was not generalizable, but that it was transferable. Although the authors mistook generalizability and transferability as not being synonymous, because the study admitted to not being generalizable, the study’s dependability increased. The level of fittingness was not fully

known and was assumed to be of low quality. The authors revealed that the participants were from medical, elderly care, orthopedic, and vascular surgery wards in four different hospitals, but the information was left at that. Interviewer corroboration was not utilized in this study. Only two researchers met with the patients in an interview and compared their notes. Peer debriefing was not employed either. The time spent interviewing participants was not mentioned; prolonged engagement and persistent observation were not stated. No negative case analyses were present. Member checks were ignored. Auditability was present; all interviews were recorded by unknown techniques and transcribed. The study admits that confirmability was left up to the reader, which is unacceptable. Bracketing was disregarded, and was a major shortcoming because the authors are seen as biased. Balance was also not employed. The sentences and paragraphs were somewhat easy to understand. The flow of thought was adequate, and most paragraphs flowed smoothly. The paragraph on ethical considerations was distracting. Information was consistent. Alluding to non-positivism, the authors stated the authenticity of the study should be clear to the readers, which suggested no need for verified research. A vivid layout of the procedures was not achieved. Numerous critical features were missing and lowered the trustworthiness of the conclusion. Overall, the research design was of low quality.

#### **Critique of the Results and Discussion**

The results and discussion sections of the study flowed well, were presented in a logical, well-written format, and were reasonably easy to follow. Table 4 was helpful in presenting the basic overview of the results in a structured format and is vital to the study. The results section consisted of no biased material, no opinions, and no attempts to attain a desired outcome. No inconsistent statements were present. The study provided sufficient quotes to help the reader be aware of how pressure ulcers impact patients. The findings undoubtedly were based on these quotes. The discussion section compared some similarities and differences between previous studies in succession with the current study, which helped support the conclusion and was a major benefit to the study. Because of the comparisons with other studies, it is clear the current study can add new information to the field of qualitative research. The discussion

section appropriately built towards the conclusion. A narrow list of limitations was mentioned that only included the possibility of chronic conditions impacting the quality of life, patients not reporting such conditions, and incorrect recall of the timeframe since diagnosed with such a condition. All other limitations were avoided. The authors suggested that future research be conducted and improved on the same topic. Overall, the results and discussion sections were of medium to high quality.

### **Critique of the Conclusion**

The conclusion section was fairly concise, had a good flow of thought, and was very easily recognized as being the conclusion. The short list of limitations mentioned earlier in the study was not readdressed in the conclusion. The study was beneficial to the area of nursing; the article added important findings to the topic of pressure ulcers by emphasizing that health care professionals needed to be aware of the impacts pressure ulcers could make on patients' lives. Although the study contributed to the field of research, there were numerous critical features that were missing from the methodology section, which ultimately lowered the trustworthiness of the conclusion. The findings of this study are, therefore, not transferable to every population of patients that have pressure ulcers. The study focused only on "core" patients, and consequently can only be transferred or generalized to average patients. Overall, the conclusion was of medium quality.

### **Summary**

The study began with a medium to high quality introduction and literature review that consisted of a purpose statement and three research questions that

were well stated, unbiased, exploratory, and most importantly unassuming. The sampling method utilized was stated as being purposive in the article, but convenience, non-probability sampling was actually employed. The external validity can be assumed to be of low quality due to numerous threats to validity and the poor sampling type. Various essential features were omitted from the study's research design and lowered the trustworthiness of the conclusion. The research design was of low quality. Tables helped display pertinent information. The results and discussion sections mentioned few limitations of the study and were of medium to high quality. The conclusion failed to readdress the limitations, but added to the field of research. The results of the study are not transferable to every population of patients with pressure ulcers, but only the average cases. The conclusion was of medium quality. All in all, this is a medium quality research study that is beneficial to the area of nursing.

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### **REFERENCES**

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