

Using academic writing standards and APA formatting, respond to each of the following learning objectives. Each 150-350 word response should be entered into the table below. See assignment rubric for specific details on how points are awarded.

Reviewed by: [Barbara J. Hocevar, MSN, RN, CWOCN; January 26, 2021](#)

Learning Objective	Response
<p>1. Select one research (quantitative or qualitative) article from the two provided (see week one discussion questions area for the articles).</p>	<p>Examining Prevalence and Risk Factors of Incontinence-Associated Dermatitis Using the International Pressure Ulcer Prevalence Survey <a href="#">Noted.</a></p>
<p>2. Explain how the selected research is qualitative or quantitative.</p>	<ul style="list-style-type: none"> <li>• This research is classified as quantitative per the description of of Ruberg &amp; Bouikidis (2018). They describe quantitative research as using “a rigorous and controlled design to examine phenomena using precise measurement” (p. 209). <a href="#">Okay.</a> Ruberg &amp; Bouikidis (2018) use the analogy of making coffee, where you must measure the amount of grounds, water, time, and temperature to create a specific concentration. The measuring aspect is the key principle of quantitative research. This is as oppsed qualitative reseach which is anologous to the perception of taste of the coffee. The selected article by Kayser et al. (2019) is qualtitative as it measures specific factors such as presence of a <a href="#">diagnosis</a>, age, gender, mobility status, and braden scores (p. 286). If this article was qualitative it would attempt to describe the perception of incontinece associated dermititis and pressure injuries <a href="#">by the patient.</a> These perceptions would not be quantifieable as yes/no questins or something that could be measured like a scoring system. <a href="#">Yes. Quantitative research is a formal, objective, and systematic process that uses numerical data to obtain information about the world. It uses statistical analysis and establishes causality. Methods include structured interviews, questionnaires, observations, scales, or physiological instruments. This type of research is generalizable; accept or reject a theory; it operates on rules of logic, truth, laws, axioms, and predictions and is concise, objective, and</a></li> </ul>

	<p><u>reductionistic. Quantitative research uses logic and deductive reasoning. It tests theory and establishes cause-and-effect relationships.</u></p>
<p>3. Based on the selected research type, respond to the questions below.</p>	
<p><b>Quantitative Research Questions</b></p>	
<p>1. Determine if Institutional Review Board (IRB) approval/informed consent obtained. If the research was done outside of the United States, the review body may go under a different name.</p>	<p>Kayser et al. (2019) states in their article that “this study was reviewed by the Schulman Institutional Review Board (reference # 201605347) and found to be exempt (p. 287).” <u>Yes.</u></p>
<p>2. Identify the problem and purpose of the research.</p>	<p>Kayser et al. (2019) identified a problem in the literature review of <u>incontinence</u> associated dermatitis (IAD) prevalence rates as having a wide estimate of 5.3% to 46% (p. 285). This wide range is identified by Kayser et al. (2019) as being due to “differences in care settings studied, methods used to assess presence of IAD, and differences in how prevalence was reported (p.285).” They also identify other studies present their prevalence in a total of patients or a total of incontinent patients which will give two very different interpretations of the numbers (p.285). This study identified this problem and set forth on the purpose of using the International Pressure Ulcer Prevalence (IPUP) Survey™ results to detangle the IAD prevalence data by specifying prevalence as being from an entire sample of patients versus incontinent patients only and further breakdown that data by healthcare setting, incontinence type and risk factors. The overall purpose of this information is to present the need to standardize the definition of IAD prevalence as the percentage of incontinent patients (p. 290). This standardized information can then be used for the overall purpose which is “to evaluate prevalence and risk factors of incontinence-associated dermatitis” (p. 285).</p>
<p>3. State the research question(s).</p>	<p>Kayser et al. (2019) presents the following research questions (p. 286):          1. “What is the overall prevalence of IAD in a large sample of patients?”</p>

	<p>2. What is the prevalence of IAD among incontinent patients, across various care settings, and types of incontinence?</p> <p>3. Which patient and facility attributes affect the likelihood of having IAD?" <u>Be sure when using a direct quote to use quotation marks. You identify it correctly in the citation, but need to include the quotations. Agreed these are the questions.</u></p> <p>4.</p>
<p>5. Provide a synopsis of the literature review used in the selected article.</p>	<p>The literature review done by Kayser et al. (2019) starts by pointing out the wide range of IAD prevalence estimates and then looks at details in the literature to try to explain this discrepancy (p. 285). They found potential differences in prevalence rates as due to multiple reporting variabilities that factor into different findings between researchers (pp. 285-286). They found long term care settings to have a higher risk of IAD but these findings are irregular depending on the country. The same irregularities were found in acute care settings, which also differed between countries (p. 286). <u>Some of the difference also was attributed to how the prevalence rates are calculated that is IAD in both continent/incontinent patients versus IAD in incontinent patients alone.</u></p> <p>Kayser et al. (2019) also looked at risk factors in the literature such as body mass index, gender, and diabetes. Age as a risk factor was surprisingly not found to contribute to IAD prevalence when controlling for other risk factors (p. 286). <u>An interesting point, wasn't it?</u> The clinical risk factors found in other studies to be associated with IAD included decreased mobility, diminished sensory perception, friction, shear, soap and water bathing and layers of linen (p. 286). Fecal incontinence was found to have a debatable relationship as an increasing IAD risk factor when compared to urinary incontinence and there was a lack of studies on the impact of incontinence management systems (p. 286). <u>Agreed.</u></p>
<p>6. Identify the study design, including sample, setting, &amp; data collection methods.</p>	<p>Kayser et al. (2019) designed this study as “a retrospective analysis of data collected from the 2016 International Pressure Ulcer Prevalence (IPUP) survey” which included a survey question about IAD prevalence (p. 286). <u>Yes.</u></p> <p>The sample consisted of adult patients who were hospitalized in the setting of acute care, long-term acute care, long-term care, and rehabilitation facilities in the United States and Canada in the year 2016 (Kayser et al., 2019, p.287). <u>Yes.</u> The sample was also limited to patients without indwelling catheters, between the weights of 34kg and 430kg, with Braden Scale scores between 6 and 23, and length of stay less than the 90<sup>th</sup> percentile (Kayser et al., 2019, p. 287). <u>Yes.</u></p>

	<p>The data collection method consisted of patient skin assessment surveys conducted within 24-hour data collection time frame within the facility and this is done in the same month as all other facilities (p. 287). <u>Yes.</u> A facility coordinator is designated and provided with written instructions on how to conduct the survey (p. 287). <u>Yes.</u></p>
<p>7. Describe the data collection tool used; is this tool validated?</p>	<p>Kayser et al. (2019) utilized data collected from the International Pressure Ulcer Prevalence (IPUP) Survey™. This is a yearly survey, which compares pressure injury prevalence, prevention protocol compliance, and risk factors against other facilities and units. <u>Yes.</u> This survey provides the facilities with their data collection tools and training materials, and customized facility reports along with data on national benchmarks. <u>Okay.</u> Hillrom™ (2021) claims that the IPUP Survey provides a “validated process” on their website. No further information on how or if the IPUP Survey data collection tool was legitimately validated was stated or available when searching. <u>Important point to know.</u> This company and survey are reputable and long lived which gives credibility to the claim that Hillrom™ (2021) did adequately validate the tool. <u>Yes.</u> However, there is a clear conflict of interest in that Hillrom™ is selling pressure injury prevention products and they are the ones hosting the survey. This connection between the company and the survey is not in any way hidden, but it is still noteworthy. <u>Yes, something to be aware of but does not necessarily skews the outcomes.</u></p>
<p>8. Summarize study results, including strengths &amp; limitations.</p>	<p>The results from the Kayser et al. (2019) showed the prevalence of IAD in all patients to range from 9.1% in long-term acute care settings to 4.1% in acute care settings with the overall IAD prevalence in all patients was 4.3% in the entire sample (pp. 287- 288). The prevalence of IAD in incontinent patients ranged from 8.4% in long term care to 19% in acute care with the overall prevalence of IAD in incontinent patients was 18% (p. 287-288). <u>Agreed.</u> They also looked at IAD prevalence in for patients with fecal managements systems which was 26% compared to patients with only urinary incontinence, which was 12% (p. 288). Each weight increases of 20kg increased likelihood of IAD by 7.1% (p. 288). Mobility restrictions to the bed increased likelihood of IAD (p. 288). Every 5 days increased in stay increased the likely hood by 11% (p. 288). Each layer of linen under the patient in the bed increased likelihood by 8.3% (p. 288). Lower Braden scores more likely to have IAD (p. 288). Age was not indicative of increased IAD risk on its own (p. 288). <u>Yes. I was also somewhat surprised at the higher prevalence of IAD in those with fecal management systems as these are supposed to help contain stool and keep it off of the skin;</u></p>

	<p><u>they do tend to leak, and one wonders if appropriate preventive strategies are implemented with these devices, or if IAD is thought to be present but it is actually a device related injury. I also thought it interesting that although incontinence was more prevalent in long-term care, the prevalence rates were less-not what I would have thought!</u></p> <p>The strength of this study is its large sample size and standardization of how it is carried out by the IPUP Survey. It also had the ability to detangle date from different health care settings and countries along with the ability to specify risk factors. <u>Good.</u> The limitations come from not being able to monitor for accuracy in skin assessments (p. 289). <u>Yes.</u> IPUP survey did not distinguish between IAD that was facility acquired or not (p. 289). In my experience most IAD in the acute care setting is community acquired which calls into question the usefulness of this data for prevention purposes. <u>In my setting this last statement is not the case; people come in clear and then have IAD. It must depend on the institution’s populations. Other limitations were inability to check data for accuracy (have to depend on expertise of the facilitator). Causal relationships could not always be identified such as with fecal management systems and IAD.</u></p>
<p>9. Formulate answer(s) to the question: Why is this research important to the body of WOC nursing knowledge?</p>	<p>This research is important to the body of WOC nursing knowledge because it describes the prevalence of IAD on a large scale and breaks it down to data that is relatable to specific types of facilities. <u>Agreed.</u> Data helps set priorities in healthcare facilities and IAD has proven to affect many of our patients. <u>Absolutley. We do not really have benchmark data to help us.</u> This is useful evidence for my acute care setting to help focus policy and procedures to support a program of IAD prevention and treatment. <u>Good.</u> This study also identified problem in WOC nursing research in that “IAD prevalence” has two definitions that each generate very different numbers, which creates ambiguity in the research. <u>Good point!</u> One is IAD prevalence of all patients and the other is IAD prevalence in incontinent patients. Kayser et al. (2019) calls for the standardization of IAD prevalence as being defined as the percentage of incontinent patients as this is a more useful data point since the only patients considered to get IAD are those who are incontinent (p. 290). <u>Absolutely! You cannot have IAD if you are not incontinent!</u></p>
<p>List at least two current references that support your responses and include the citations in the body of the written</p>	<p>Rutberg, S., &amp; Bouikidis, C.D. (2018). Focusing on the fundamentals: A simplistic differentiation between qualitative and quantitative research. <i>Nephrology Nursing Journal</i>, 45(2), 209-212. doi:http://www.homeworkgain.com/wp-content/uploads/edd/2019/09/20181009143525article2.pdf</p>

<p>responses. Remember to double-space entries in the reference list in APA format. The reference list is also written in alphabetical order.</p>	<p>Kayser, S. A., Phipps L., vangilder, C. A., Lachenbruch, C. (2019). Examining prevalence and risk factors of incontinence-associated dermatitis using the International Pressure Ulcer Prevalence Survey. <i>Journal of Wound Ostomy Continence Nursing</i>, 46(4), 285-290. doi: 10.1097/WON.0000000000000548 capitalize the initial letter of the journal as well as the volume number.</p> <p>Hillrom. (2021, January 22). <i>International Pressure Ulcer Prevalence™ (IPUP) Survey</i>. doi:<a href="https://doi.org/10.1097/WON.0000000000000548">International Pressure Ulcer Prevalence™ (IPUP) Survey   hill-rom.com (hill-rom.com)</a></p>
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Points criteria:

Criteria	Under performance <3 points per criteria	Basic 3 – 3.9 points per criteria	Proficient 4.0 – 4.4 points per criteria	Distinguished 4.5 – 5 points per criteria
Required content objectives	Content objectives are missing or sparsely covered.	Content objectives are not consistently addressed. Demonstrates minimal understanding of content.	Content objectives consistently addressed. Demonstrates understanding of content.	Content objectives consistently addressed. Demonstrates mastery of content.

Criteria	Under performance <3 points per criteria	Basic 3 - 3.9 points per criteria	Proficient 4.0 - 4.4 points per criteria	Distinguished 4.5 - 5 points per criteria
<b>Academic writing standards</b>	Writing lacks scholarly tone & focus. Sparse content. Multiple grammatical, spelling, & factual errors. Reliance on bullet points rather than effective writing in speaker notes. 4 or more direct quotes per project.	Writing is unclear and/or disorganized. Inconsistent scholarly tone. Inadequate depth of content. Grammatical and spelling errors. No more than 3 direct quote of less than 40 words per project.	Writing demonstrates general exploration of content. Responses are clearly written using scholarly tone. Few grammatical and/or spelling errors. No more than 2 direct quote of less than 40 words per project.	Writing demonstrates comprehensive exploration of content. Responses are clearly written using scholarly tone. Rare grammatical and/or spelling errors. No more than 1 direct quote of less than 40 words per project.
<b>APA formatting</b>	References and citations have multiple errors or are missing.	References and citations have errors.	References and citations have few errors.	References and citations have rare errors.