**Category:** Nursing issues

**Study type:** Quantitative study - other

**Author’s declarative title:**

Disparities in Pressure Injury Care Across Diverse Skin Tones: A Community Nursing Perspective

**Commentary on:** Community Nurses' Experiences Assessing Early-Stage Pressure Injuries in People With Dark Skin Tones: A Qualitative Descriptive Analysis - Neesha et al

**Commentary**

***Implications for practice and research***

* Stakeholders must address racial bias in pressure injury assessment through mandatory training on diverse skin tones and updated clinical guidelines for equitable care.
* Research should explore person-centred experiences and barriers to inclusive care, investigating how individual factors and educational bias impact safe and equitable practice across diverse settings and populations

***Context***

Pressure injuries (PIs) pose a substantial global healthcare challenge, with their prevalence ranging from 0-72.5% across settings. [1] In the UK, over 700,000 individuals are affected annually, with community settings prevalence of 0.40-0.70 per 1,000 adultsin Northern England. [2] Early detection of PIs presents unique challenges in individuals with darker skin tones (DST), accentuating a critical gap in nursing education and practice. Community nurses (CNs) struggle to accurately detect early-stage PIs in people with DST, which can lead to delayed intervention and poorer outcomes. [3]The recognition and management of PIs across skin tones is crucial to provide equitable, high-quality care and reducing racial disparities in outcomes. Neesha et al. address this vital issue by examining CNs’ experiences in caring for people with DST at risk of developing PIs. [4]

***Methods***

A descriptive qualitative design was used to examine CNs’ experiences in assessing early-stage PIs in people with DST in Southern England (November-March 2024). [4] Registered nurses, who were based within district nursing teams, working in South England, and able to consent were recruited through purposeful sampling via social media and entered a prize draw. [4]

Data collection involved three focus groups and six individual semi-structured interviews, with sessions lasting 30-60 minutes and professionally transcribed. [4] The interview guide was based on prior studies exploring skin tone diversity (STD) and PIs. [4]

Analysis followed Braun and Clarke's six-phase thematic framework, with trustworthiness ensured using Lincoln and Guba's criteria, and regular team meetings for review and reflexivity. [4] The University of Surrey granted ethical approval, with adherence to the Consolidated Criteria for Reporting Qualitative Research guidelines. [4]

***Findings***

From 22 initial enquiries, 17 female CNs met inclusion criteria and chose between focus groups or individual interviews. The study revealed four themes: [4]

* Clinical competence concerns, with nurses relying heavily on self-taught knowledge, practical workplace experience, or DST colleagues’ perceived expertise, rather than formal education.
* Influence of skin tone and ethnicity on care delivery, where PIs were often detected at later stages in DST, with CNs’ diversity potentially impacting assessment capabilities.
* Gaps in nursing education, with notable absence of education on STD.
* Recommendations for improvement, suggesting the enhancement of care through improved education, inclusive guidelines, and research involving DST populations.

***Commentary***

Healthcare inequalities (HIs) originating from educational gaps in STD presents a concerning pattern of systemic bias. Neesha et al.’s study [4] builds upon their previous work, revealing how inadequate STD education directly translates into provider bias and ultimately results in HIs. [4,5] The study's strengths include robust qualitative methodology, diverse participants, and rigorous research standards. Limitations involve geographic focus and potential self-selection bias.

The research reveals that CNs’ insufficient formal training in skin assessment for individuals with DST delays the detection of PIs, often not until advanced stages. [4] This educational deficit unintentionally contributes to healthcare providers (HPs) perpetuating HIs, despite efforts to deliver equitable care.

The interconnected nature of these biases becomes evident: inadequate education reduces HPs’ confidence and competence to assess DST, leading to delayed or missed diagnoses. This particularly affects PIs, where early detection is crucial to prevent complications. [1-4]

A concerning finding is the assumption that nurses with DST inherently understand similar skin tone assessment. [4] This unfairly burdens them while enabling institutional neglect of providing comprehensive education. The underrepresentation of DST in medical imagery and educational materials reinforces these biases, perpetuating a system of HIs. [6]

Breaking this cycle requires a multi-faceted approach, beginning with fundamental changes in healthcare education. Institutions must acknowledge and address these biases through structured training and inclusive guidelines. [4-6] The connection between educational gaps, provider bias, and HIs demonstrates the urgent need for systemic change to ensure truly equitable care across populations, regardless of STD.

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**Competing interests**

The authors have no competing interests. This editorial reflects the views of the author(s) at the time of writing and not necessarily those of the University of Derby, the Chesterfield Royal Hospital NHS Foundation Trust, or any other affiliated organisation.