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ABSTRACT

Reported are the results of a questionnaire survey of 86 nurses attending a one day workshop on traction. Subjects were asked to evaluate the workshop and various materials handed out during the workshop. Sixty-three questionnaires returned indicated favorable response to the workshop and materials provided. Materials used in the workshop are described. (SL)

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A STUDY OF NURSE OPINIONS AND EVALUATIONS CONCERNING THE
WORKSHOP "TRACTION: A NURSING CHALLENGE" AS
PROVIDED BY THE GOSHEN COLLEGE
CONTINUING EDUCATION IN
NURSING

U.S. DEPARTMENT OF HEALTH
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CHAPTER I

STATEMENT OF THE PROBLEM AND DESIGN OF THE STUDY

Realizing responsibility to nursing and nurses goes beyond basic nursing education, a committee was formed in 1973, at Goshen College, Goshen, Indiana, to investigate a continuing education in nursing program possibility. By February, 1974, the possibility became a reality with the appointment of a coordinator of Continuing Education in Nursing of Region II in Indiana, which includes Kosciusko, Elkhart, Marshall, and St. Joseph counties.

In accordance with the Indiana Statewide Plan for Continuing Education in Nursing (ISPCEN), which includes the continual assessment of learning needs upon which educational offerings are evaluated and subsequently planned, a research study concerning felt needs and real needs of orthopedic nursing was conducted. (Ponzo and Lenoir, 1975) As a result of this research study a one day workshop on "Traction: A Nursing Challenge" was offered.

The eighty-six participants were given current relevant nursing literature at the beginning of the session pertinent to the topics being discussed. These materials were to be used by the participants as a reference when they returned to their places of employment. The workshop included lecture, case study, buzz groups, demonstration and discussion, and group reports.

At the end of the session a questionnaire was given each participant in order to evaluate the total program as to effectiveness of input and process and to help plan future

workshops for orthopedic interests. The over-all view of the evaluation was highly favorable for the workshop and the materials.

Nursing literature abounds with articles stressing that if a program is worth doing, it is also worth evaluating to see if the proposed objectives are fulfilled. The positive as well as the negative feedback can help serve as a corrective force for the next program.

One of the major criticisms made against continuing education in nursing today is the tremendous lack of formal evaluation. Although evaluation is one of the objectives of ISPCEN, with definite guidelines to follow in a systematic research style, it has been infrequent and incomplete. (American Nurses' Association:1974, 34)

Positive comments concerning a workshop or its materials might perhaps wear off after the initial excitement of the day. (Houle:182) An additional follow-up evaluation project is a valuable source of information for comparison to implement program design if done within six months. (Hospital Research and Educational Trust:224)

A thorough search of the literature revealed a definite lack of a six month follow-up evaluation of nursing workshops and especially a lack of evaluating any hand-out literature. The purpose of this study was to study the impact of the workshop and the six hand-out materials available from the Goshen College Continuing Education in Nursing Region II, Goshen, Indiana. The hypothesis for the investigation was to determine the opinions of the eighty-six nurses concerning the value of the workshop and the

six hand-out materials.

Underlying assumptions. For the purposes of this study the following assumptions were made:

1. That nurses did read the six hand-out materials provided by the Goshen College Continuing Education in Nursing Region II workshop.

2. That the nurses did use the six hand-out materials in their work area.

3. That the nurses would still feel after six months expiration that the workshop and its materials were valuable.

4. That the workshop and its materials gave supportive practice for the nurses to feel knowledgeable and to work better in their job areas.

5. That these nurses would communicate their opinions of the workshop and its materials to the sponsor, and that a mailed questionnaire was the best way to collect these data.

Specific problems. The specific problems of this study were to study the nurses' opinions of the following factors relating to the workshop, "Traction: A Nursing Challenge" and its six hand-out materials. These problems were:

1. An assessment of the nurses' reading, use, and value of the hand-out materials.

2. An analysis of the opinions of the nurses concerning how the workshop and its materials supported their nursing practice.

3. An assessment of the nurses' opinions of ways to improve future workshops.

4. An assessment of the nurses' choices for further workshops in continuing education in nursing.

5. An attempt to determine whether the type and length of work service did affect the choices for further workshops.

DESCRIPTION OF MATERIALS

A brief summary describing each of the six hand-out materials being evaluated for this study is as follows:

The Do's and Don'ts of Traction Care. This article stresses the common types of traction and gives a description of each with an illustration showing the correct application of the equipment. The article discusses the observation and care of the patient and the common traction errors which a nurse is apt to find or make.

Fat Embolism Syndrome. This article was written by the speaker of the workshop, Jane Farrell R.N. and gives the historical theories of its origin. The causes, signs and symptoms, diagnosis, and complications are discussed and clear guidelines given for observation and beneficial treatment.

The Hazards of Immobility. Six authors contend that reduction in disability depends in a large measure on nursing care. The authors describe the effects of immobility on ill or injured persons; and some ways in which nurses can prevent or counteract the deleterious effects of immobility.

Orthopedic Care and Nursing Care of the Patient in Traction. This brochure is a guide to a series of concepts designed to promote the nurse's understanding of various orthopedic care

procedures which include: common types of traction, its purpose, the patient, and observation of a patient in a cast. Important points to remember in nursing care of the patient are given.

Orthopedic Nursing Part I. Sandy Brown writes about ways to ease the burden of traction and casts. She deals with the basic principles of traction, its use and methods, the skills and knowledge required of a nurse caring for a patient in traction or in a cast, and stresses the do's and don'ts of cast care. Helpful pictorial illustrations are an asset.

The Traction Handbook. This color-coded handbook by Zimmer, of Warsaw, Indiana, is an excellent reference which gives the ways to construct the different types of traction used and gives pictorial illustrations of the correct use of the equipment. Principles of traction as related to nursing care are given and physiological and psychological problems associated with patient immobility are discussed. Suggestions are made concerning several Zimmer traction equipment pieces for the purpose of adapting a variety of exercising systems to help the patient maintain strength and muscle tone in unaffected limbs or to achieve degrees of flexion following implantation of a prosthesis.

DEFINITION OF TERMS USED

Clarification of terms used in the description of this study were defined as follows:

Closed Form Questions. Responses are made to a set of provided answers. The information that is desired may be more easily counted, tabulated, and analyzed.
(Best:44)

Non-respondent. Any recipient of a questionnaire who does not reply. (DuVall:1973)

Open Form Question. Used for intensive studies or exploration of novel problems. Each answer is a written description and much room is usually available for free response. (Best:144-45)

Questionnaire. A list of planned, written questions related to a particular topic with space provided for indicating the response to each question, intended for submission to a number of persons for reply, commonly used in normative survey studies and in the measurement of attitudes and opinions. (Good:465)

Respondent. Any recipient of a questionnaire who actually replies to the questionnaire. (Good:496)

LIMITATIONS OF THE STUDY

One limiting factor in a study using the questionnaire as a means of collecting data is that of nonresponse. Vandalen suggests that the cover letter should be worded to avoid any fears, suspicion, embarrassment, or hostility on the part of the respondent. (258) A better response might result if in the cover letter a summary of the study is offered. (Hillway:33)

Another limitation in a study using the questionnaire as a means of collecting data is failure to obtain information from the respondents because of misinterpretation of directions. (Mouley:242)

Another limitation was the population, that is, the nurses who attended the workshop in Region II. A generalization could not be made to include all nurses and all workshops in any region.

Another limitation was that all the nurses did not receive the Zimmer Traction Handbook.

DESIGN AND RATIONALE

A questionnaire was developed from previous studies conducted by the Region II Continuing Education in Nursing staff and was used to obtain the desired information. An accompanying cover letter (April, 1976) was courteous, brief, and included the importance of the study, why the individual was chosen, the sponsorship of the study, and included a self-addressed envelope to secure a quicker response. (Mouley:259) The respondents were informed of the coding method to be used. A summary of the findings was not promised. Mouley suggests that poor response may be due to forgetfulness. (257) A follow-up letter was sent May, 1976, stressing the need and importance of the respondent's reply. (see Appendix A)

The mail-back questionnaire was used because personal contact was impossible and this was the best means to pack a maximum amount of useful evaluative information into a minimum of questions. (Alford:326) This means would provide information immediately useful in modifying future workshop presentations and perhaps provide specific insights into individual participants' perceptions both of their own problems and of the workshop's relevance to those individual problems. (Alford:324)

Questions were placed in a psychologically sound sequence with simple questions preceding the more crucial, personal questions. (VanDalen:257)

Both closed and open form questions were used in this study. The closed form type question required checking responses and

needed an extra category of "other-please specify" for the respondent who did not find any of the alternatives provided particularly suitable. (Mouley:248) The open form type question delved into the area of hidden motivations that lie behind attitudes, interests, preferences, and decisions. Although time consuming and difficult to tabulate, this response could be studied in depth and conclusions drawn. (Good:198)

The questionnaire was also devised to check and cross-check the categories of: the workshop and material's effect on the nurse as a person; as a nurse's influence on others; and as a change agent in the nurse's own health center. (Cailley:14) A team of Region II staff members reviewed the questionnaire for possible flaws or weaknesses. (Mouley:246)

Most of the questionnaire had closed form questions for ease in completion and tabulation. The first five questions were asked to gain general information about the respondents and would be used for comparison as to whether the type of agency, nursing area, hours worked per week, or length of service would make a difference in the respondent's choices in the latter part of the questionnaire.

Questions 7 through 14 pertained to the nurse's opinion of the workshop as to whether this type should be offered again, whether enough time was spent relating theory to practice, what was most liked, how could future workshops be improved, and as a result of the workshop what did they feel they could do better as nurses and what had they really done. These ideas would be used as a basis for planning future workshops.

Questions 15 and 16 asked the nurses to choose four topics they would like to have as future educational programs. This would take the guess work out of planning sessions and the felt needs of the nurses would be utilized.

Questions 17 through 25 dealt with the hand-out materials as to which ones had been read, how much time was spent using them, how the materials were used, and how the nurses felt they were useful. These questions concerning the hand-out materials were developed because a review of the literature revealed a definite lack of evaluation. This would serve as a verification for future literature appropriation.

Questions 26 and 27 listed areas in which the workshop should have, in the opinion of the nurses, spent more time. The responses of the nurses would emphasize what really seemed to work well and what was clearly missed. (Alford:326)

There were three open form questions concerning the workshop and materials. The first would serve as a cross-check as to how the workshop changed the nurse's practice. The second question asked the nurse's over-all feelings of the workshop. Would they really feel it was worth the time spent? This question could be compared with the over-all feeling of the workshop six months previous. The final open form question asked the nurses if they would specify a reason for not having used the hand-out materials. This response might give a clue if little of the literature had been read. A final question was asked as to whether

in future workshops reprinted articles and relevant reading materials should be given each participant. A cross-check method would be used to determine whether the materials not read would still be recommended for future workshops.

A total of 86 questionnaires was mailed from a list of the workshop participants. Upon return of the questionnaire the results were sent to the computer for per cent response. A Texas digital calculator was used to compute mathematically to the hundredths and the results were rounded off at the point of inclusion in this paper.

CHAPTER II REVIEW OF THE LITERATURE

The post-World War I period marks the beginning of modern adult education both in concept and growth in the program. The depression of the 30's brought a halt to its growth until World War II brought an expanded surge through help of state aid and federal provisions. By the 60's the major part of the adult education program was being geared by the interests and needs of adults who already had considerable schooling. Thatcher (1963) reveals this led to the concept in the late 60's of education as a lifelong process which is known as continuing education today. (177)

Cooper (1973) writes that rapid technological advances have made such an impact on every field of endeavor that continuing education has become an accepted way of life for many people, including some nurses. However, she feels nursing as a profession has lagged to some extent behind other groups in recognizing the need for life long learning by the practitioner. Initial involvement of universities in continuing education for nurses began in the early 1920's, as well as the first reference to institutes, workshops, and conferences. Interest in both areas was sporadic, unrelated, and their total impact questionable until 1959 when federal funds became available. The need for coordination of programs became so apparent that by the early

70's full-time coordinators were appointed to be responsible for continuing education in nursing. Although continuing education in nursing had a slow beginning, the early 70's up to the present time reveal it is gaining momentum. (81)

The Standards for Continuing Education in Nursing (1974) state the goals of continuing education and the responsibility of faculty to include continual evaluation of all programs offered. ISPCEN's Position Statement (1973) includes three important points relative to this study. Programs should include evaluation as the beginning process in planning a program, evaluation should be continuous, and evaluation planning should include the participants.

Muller (1975) recently stated that evaluation is the life-blood of all good continuing educational programs and that it is the natural outgrowth of the workshop planning process. (65) Hospital Research (1970) concludes that evaluation is more than a single act or event but an entire process of interrelated activities which include determining needs, establishing learning objectives, conducting the program, and measuring the results. (221) Bass and Vaughan (1966), Thatcher (1963), and Hampton (1975) agree that evaluation should not be slipped in at the end of a program as a pop quiz or used in any way that could threaten the participants but should constitute an integral part of the total program from beginning to end. Thatcher contends that evaluation should reveal the good as well as the bad. (176)

des Brunner (1959) proposes the primary purpose of evaluation is to find out how much growth and change have taken place as a result of educational experiences. (235) Kidd (1959) discusses the way to find out how much growth and change in the program have taken place by asking the recipient to state what is his perception of the situation at any given time. He refers to this as feedback. (294)

Five basic considerations for evaluation were emphasized by Schneider (1976) these include:

1. Did the program transmit new information?
2. Were the stated objectives achieved?
3. Was there sufficient opportunity for audience participation?
4. What was the program's quality?
5. Did the program stimulate further educational and practical developments? (197-199)

Hyman (1970) describes the importance of correlating methods and materials with the content and type of information being relayed to best assure meeting the program objectives. (34) Snyder and Ulmes (1972) stipulate that materials should be related to the interests, needs, and jobs of the adult and should encourage the adult to use the knowledge and skills in his everyday situations. (46) Bannatyne (1975) adds that selected materials should be useful as a teaching aid or reference guide. (8) Rauch (1972) cautions that materials should not be given as something the participants can take home without either using them in the program or explaining their purpose. (123)

Hospital Research encourages a follow-up evaluation of the total program including the selected materials no later than six months after the program for best results. They feel that if the participants have forgotten to use the material, or apply what they have learned on the job, this procedure might stimulate their memory and give incentive to use what they have been given. (222) Houle (1973) also feels a follow-up evaluation of the program is needed because many are caught up in the spirit of the program at the time but he questions what values remain after all the participants have gone home to their jobs. (182)

Review of the nursing literature historically reveals that most workshops, if reported, do not indicate the design of the survey tool nor do they reveal whether or not the hand-out materials are evaluated generally or specifically. Most report positive evaluations but do not give facts to substantiate their comments. Kidd (1959) reported that evaluation in its full sense was a more subtle complex process than was represented in the techniques usually employed and cautioned that any results of these devices should be interpreted with some care. (296) des Brunner (1959) revealed that nursing education was just beginning to realize a need for research. He stated that the reason for this slow beginning was due to the attitude of some that it "stands on its own merits." (245) Hospital Research (1970) related that from their review of the literature, evaluating participants was difficult as well as time consuming and expensive and that most emphasis of evaluation usually was on the quality

of the program content with very little emphasis on evaluation of hand-out materials. (242)

The University of British Columbia in their book Continuing Education in Nursing: A Review of North American Literature 1960-1970, point out the dearth of research in continuing education in nursing is a serious concern. They suggest what has been done to date is largely descriptive with very little analytical research that tests relevant hypotheses or seeks to answer crucial questions. (46) In 1973, the continuing education in nursing in the state of Kansas recommended a set of basic standards on which to develop more specific criteria for program objectives and the institution of evaluation tools and that detailed reports of specific evaluation tools be a part of the criteria for program objectives. These were recommended as a result of past displeasure in unscientific methods of research and evaluation and unscientific reporting methods. (24)

Taylor (1974) states that completeness of information is doubtful in news items reported by professional nursing journals and contends that at the present time, centralized information on current nursing research is nonexistent and proposes that centralization of current nursing research information be instituted. (64)

Review of the nursing literature historically reveals the first evaluation of a workshop was reported in 1965 by Coggeshall concerning a heart program presented in California. The survey

tool was not described but he relates that 90 per cent of the participants indicated they would change methods of health care as a result of the program. (157) The next significant entry was reported in 1970 by Lynch who conducted an evaluation of a short-term conference of the Western Council on Higher Education for Nursing (WCHEN). Each participant was given an evaluation form (not described) to indicate any change of status or benefits in giving better nursing care that were felt to be a direct result of the conferences. She claims the results showed positive gains and that her programs were worthwhile. No information was given to show those gains. Lynch also states that from 1962-1964, a regional research project was made to investigate the effectiveness of leadership programs in 12 western states. She relates that reading materials were also given out during these programs. She indicates the program had a significant impact on the participants' attitudes and belief. Again, no survey tool was mentioned nor any comments concerning the materials as to whether these were mentioned specifically in the tool. (38)

Elliott in 1970, reported the evaluation of a mandatory traction workshop for orderlies in California. Feedback from the evaluation (not described) indicated the men would have attended on their own time because he says their answers revealed they were sincerely interested in the help it would give them in the future. Elliott felt the workshop was a complete success because the men asked for more workshops that would help them

in their understanding of their work. (47) In 1973, Ferguson and Hauf reported 3 workshop sessions of 50 Montana health nurses to effect behavioral changes in community health. Each participant was requested to formally evaluate the workshop on a prepared evaluation form (not described) and informally in a discussion period. The workshop was acclaimed a success because of the positive comments of interest in the program and the willingness of the group to implement change. No follow-up evaluation was revealed to show whether the nurses did implement change as a result of the program. (15)

Magner in 1973, states that all the continuing education programs used in the Misericordia Hospital in New York, are evaluated with open and closed questionnaires as the frequent tools utilized and that they appear to be satisfactory evaluations and therefore the staff is pleased with the programs. (40) Dauria reports in 1974, that Virginia programs in continuing education in nursing are best evaluated by observation and an attendance record kept to show that participants come back for more programs and therefore it means they are successful. She gives as her reason for using this method her lack of faith in evaluative tools that are not designed for objective responses and are unable to predict or demonstrate what long-term educational outcomes will be. (19)

In 1974, Latham did a careful review of 30 instruments used

throughout the country which revealed a variety of approaches to assessing the value of materials for educational purposes. He contends they did not measure the educational value of instructional material but rather they appear to measure a person's perception of the value of the instructional material. (11)

A Decision-Makers' workshop was reported in 1975, by Paulson, et al, with 74 Colorado nurse educators and administrators attending. No evaluative tool was used. They feel the program was a success because observation showed that the participants put "feet" to the workshop and instituted many changes in legal and political nursing aspects as well as instituting more workshops in their home areas. (636) The state of Virginia also reported in 1975, the regional medical programs of workshops brought to the small hospitals. These workshops Krahn claims are a success because many more areas have requested the programs. (283)

CHAPTER III
FINDINGS OF THE STUDY

An analysis of the data concerning the workshop and hand-out materials sponsored by Region II Continuing Education in Nursing at Goshen College, Goshen, Indiana, is presented in this chapter.

A total of 86 questionnaires was mailed. Although the response was extremely slow a total of 52 per cent was returned. It was decided that there was enough time and money to send a follow-up questionnaire and letter to encourage the nonrespondents to participate and to assure them of complete confidentiality of their responses. This was done in order to alleviate any fears concerning the coding method mentioned in cover letter. A total of 63 was returned giving an over-all total of 73 per cent response. Because of the favorable per cent of response, generalizations were drawn concerning the Region II workshop and hand-out materials and the nurses' opinions.

Questions 1 through 5 were specifically used to identify general information about the respondents pertaining to the type of health agency worked, the type of nursing area worked, hours worked per week, length of service, and whether the nurse was a registered nurse (RN), licensed practical nurse (LPN), or "other". Tables 1, 2, 3, and 4 present the total per cent of respondents for each factor.

Agency in which respondent worked. The most frequent

response for a work agency was that of hospital with 71 per cent. There were no responses for public health agencies. Further analysis of "other" (18%) revealed such answers as: instructor, private duty, administration, medical pool, or inactive. These data are presented in Table 1.

TABLE 1. AGENCY IN WHICH RESPONDENT WORKED

Agency	f	% Resp.
Hospital	45	71
Nursing home-extended care	7	11
Public health	0	0
Other	11	18
Total	63	100

Work area of the respondents. The data presented in Table 2, which dealt with the work area of the respondents, revealed medical-surgical (with orthopedics) as the highest area with 46 per cent. The second highest area was orthopedics with 24 per cent. The "other" with 20 per cent chosen by the respondents, upon further analysis included such answers as: inactive, office work, administration, instructor, or geriatrics. Of these, some had personal notes to indicate that they could perhaps be included in the medical-surgical (with orthopedics) because they were either a clinical instructor or taught in this area in the school of nursing.

TABLE 2. WORK AREA OF RESICNDENTS

Work Area	f	% Resp.
Emergency Department	1	2
ICU (special care)	2	3
Medical-Surgical (with orthopedics)	29	46
OR-RR	2	3
Orthopedics	15	24
Pediatrics	1	2
Other	13	20
Totals	63	100

Question 4 asked the respondents whether they were a registered nurse (RN), licensed practical nurse (LPN), or if neither applied to the respondent a category of "other" could be checked. The respondents were asked to specify what the "other" meant. It was found that 81 per cent of the respondents were RN and 14 per cent were LPN. Not indicating a reason, 4% marked "other" while 1% gave C.C.R.T. as "other".

Hours of work. Results of the data presented in Table 3 indicated that 60 per cent of the respondents worked forty or more hours per week while 40 per cent worked part-time. Ten per cent of the respondents reported they worked nine hours per week or less. Upon further investigation, 5 per cent of that 10 per cent indicated they were inactive. A further analysis may be compared in Tables 5 and 6.

TABLE 3. HOURS OF WORK PER WEEK OF THE RESPONDENTS

Hours Worked	f	% Resp.
40 or more	38	60
39 - 30	4	6
29 - 20	19	14
19 - 10	6	10
9 or less	6	10
Totals	63	100

Length of orthopedic nursing. The respondents indicated that over 50 per cent had worked one year or more. Of these twenty-seven percent worked over 6 years; 10 per cent indicated 4 to 6 years; 28 per cent claimed 1 to 3 years. Sixteen per cent chose 4 to 11 months while 19 per cent indicated less than three months. The reader is cautioned in reading this table that further analysis revealed that some nurses indicating less than a year in orthopedic nursing were new instructors. Perhaps they had served longer in another capacity. Some indicated less than 3 months because they were inactive at the time. The reader may draw unwarranted conclusions unless aware of these facts.

TABLE 4. LENGTH OF ORTHOPEDIC NURSING OF THE RESPONDENTS

Orthopedic Nursing Length	f	% Resp.
Over 6 years	17	27
4 to 6 years	6	10
1 to 3 years	18	28
4 to 11 months	10	16
Less than 3 months	28	19
Totals	63	100

Review of the literature revealed that many recommend further analysis of the general information but because of a lack of time or money or both, this is usually a neglected area. In the opinion of the researcher, further analysis was important for a more accurate discussion of the study. Time and money were of no consequence. Tables 5 and 6 were presented as an analysis of further investigation of area of work, type of agency, length of service, hours worked, and RN, LPN, and "other".

TABLE 5. ANALYSIS OF GENERAL INFORMATION

Agency	Type	Work Area	Years	Amount
Hospital	RN	Orthopedics	4 - 11 mo.	4
			1 - 3 yrs.	8
			4 - 6 yrs.	4
			over 6 yrs.	3
			Totals	19
Hospital	RN	Medical-Surgical	4 - 11 mo.	2
			1 - 3 yrs.	5
			4 - 6 yrs.	1
			Over 6 yrs.	10
			Inactive	1
			Totals	19
Nursing Home	RN	Medical-Surgical	Under 1 yr.	4
Nursing Home	LPN		Under 1 yr.	3
			Totals	7

TABLE 5 CONTINUED

Agency	Type	Work Area	Years	Amount
Hospital	LPN	Medical-Surgical	1 - 3 yrs.	3
Hospital	LPN	Orthopedic	Under 1 yr.	3
Hospital	LPN	Medical Pool	4 - 6 yrs.	1
	LPN	Inactive		1
			LPN TOTAL	11
	RN	Instructors	under 1 yr.	4
			over 6 yrs.	2
			Total	6
			OTHER (2 RN; 1 C.O.R.T; 1 no answer)	4
FINAL TALLY				TOTALS
			RN	50
			LPN	11
			OTHER	2
Total respondents				63

This table was used as an aid to help in further analysis of Table 11 and as a basis for Table 12.

TABLE 6. ANALYSIS OF HOURS FROM GENERAL INFORMATION

Agency	Type	Work Area	40 hours	part-time
Hospital	RN	Orthopedics	13	6
Hospital	RN	Medical-Surgical	12	6
Nursing Home	RN		1	3
	LPN		2	1
Hospital	LPN	Orthopedics	3	
Hospital	LPN	Medical-Surgical	1	2
Instructor	RN	Medical-Surgical	2	4
Other	RN			2
Inactive			5	
Totals			34	24

In the results from the respondents when asked whether educational offerings like the workshop on "Traction: A Nursing Challenge," should be offered in the future (question 7) it was found that 96 per cent thought that they should be offered. Sixty-one per cent strongly agreed and 35% agreed. No one disagreed but 1% was not sure and only 2% strongly disagreed. In the opinion of the researcher this response indicates the high regard with which the nurses view future educational offerings and should be encouraging when developing new workshops.

When asked if enough time were spent in the workshop

relating theory to practice (question 8) 59 per cent of the respondents agreed with 10 per cent strongly agreeing. Nineteen per cent of the respondents disagreed with 2 per cent strongly disagreeing. Ten per cent were not sure. With a favorable 69 per cent agreement that enough time was spent relating theory to practice, these data are interpreted as being supportive. The 31 per cent unfavorable or unsure, can be used as a basis to stimulate future improvement.

Better nursing as a result of the workshop. Examination of Table 7 data revealed that approximately two-thirds of the respondents chose observation of the patient and comfort measurement as better nursing methods as a result of the workshop. Approximately one-half of the respondents indicated assessment and psychological support. Over one-quarter chose circulatory assessment while less than one-quarter chose turning the patient. Six per cent of the respondents checked the category "other". Favorable comments of "more traction awareness," or "improved my supervision of others" were received. Others reported that their previous knowledge was adequate or they were presently inactive. Perhaps those respondents not choosing circulatory assessment or turning the patient also had previous knowledge. The reader must again be cautioned in reading this table and the following tables and data where multiple responses were possible, that some of the nurses made several choices while others chose one or not to respond at all. Conclusions might be misconstrued unless one is aware of this fact.

TABLE 7. NUMBER AND PER CENT OF RESPONSES INDICATING BETTER NURSING AS A RESULT OF THE WORKSHOP

Better Nursing	f	% Resp.
Assessment	33	52
Turning the patient	20	32
Observation of the patient	44	70
Circulatory assessment	28	44
Comfort measurement	42	67
Psychological support	31	49
Other	4	6
No Totals: Multiple responses received		

When asked what the respondents had done as the result of the workshop, the most frequent choice (54%) was that of teaching the patient more about his self-care as presented in Table 8. It is interesting to note that none of the nurses had done a research project among the patients they cared for. In the opinion of the researcher, this fortifies once again a neglected area that the review of the literature proclaimed. The reasons given for checking "other" were: "I have done-but not as a result of the workshop." "Inactive." or "None." Eleven per cent of the 14 per cent gave favorable comments. Table 7 and 8 data are interpreted as being supportive of the workshop's giving supportive practice for the nurses to feel knowledgeable and to work better in their job areas.

TABLE 8. NUMBER AND PER CENT OF RESPONSES INDICATING WHAT NURSES HAD DONE AS A RESULT OF THE WORKSHOP

Accomplishments of Nurses	f	%
Participated in an in-service program for other staff	6	10
Did a research project among the patients I care for	0	0
Shared my knowledge in group sessions	27	43
Taught the patient more about his self-care	34	54
Questioned doctors on the purpose of traction	11	17
Trained the other staff in daily work contacts	31	49
Other	9	14
No Totals: Multiple responses received		

Respondents' attitude concerning what was liked most about the workshop. Data from Table 9 revealed that over three-fourths of the respondents liked the speaker of the workshop. The visual presentation-slides (41%) and the printed hand-outs (38%) were relatively close in percentage points. The printed hand-outs were chosen more often than group participation-discussions-case studies. Because of multiple responses received unwarranted comparisons can not be made. In the opinion of the researcher the favorable per cent response given the hand-out materials indicates the high regard the nurses held for the materials. The nurses were asked to choose a maximum of two areas. Five per cent of the respondents did not follow directions and 9 per cent chose only one area. Again the reader is cautioned.

TABLE 9. NUMBER AND PER CENT OF RESPONSES INDICATING THE NURSES' ATTITUDE TOWARD WHAT WAS LIKED MOST AT THE WORKSHOP

	f	% Resp.
Speaker-Jane Farell, RN	53	84
Visual presentation-slides	26	41
Printed hand-outs	24	38
Group participation-discussion-case studies	18	29
Other	0	0
No Totals: Multiple responses received		

Respondents' responses for improving future workshops.

Table 10 data revealed specific prepared leaders for case studies (56%) as the most frequent choice for improvement. Nearly one-half of the respondents felt that group reports should be limited to unique aspects. Twenty-one per cent felt improvement was necessary with a variety of speakers. Investigation showed that only one respondent that suggested a variety of speakers had not chosen Jane Farrell. This idea should not be overlooked when planning new workshops. Those choosing "other" suggested such areas as: "more information on orthopedic staffing," "more of a scientific base," "put an Orthopod on the panel," "allow people to manipulate equipment-not just talk about it," or comments as to completely discontinue group participation. A few comments said no improvement was needed. Again the reader is cautioned to be aware that some nurses did not respond while others chose only one area and a small per cent did not follow directions.

TABLE 10. NUMBER AND PER CENT OF RESPONSES INDICATING THE NURSES' ATTITUDE TOWARD WORKSHOP IMPROVEMENT

	f	% Resp.
Time limit on group reports	18	29
Group reports limited to unique aspects	31	49
Specific prepared leaders for case studies	35	56
Variety of speakers	13	21
Other	9	14
No Totals: Multiple responses received		

Topics chosen for future workshops. The four most frequent topics chosen by the respondents as presented in Table 11 were orthopedic trauma (59%), neuro-muscular physiology in nursing (58%), total joint replacement (51%), and osteo-arthritis (48%). Least chosen was pediatrics-orthopedics with 13 per cent. In the opinion of the researcher, this response indicates that the nurses hold future workshops in high regard.

TABLE 11. NUMBER AND PER CENT OF RESPONSES INDICATING FUTURE WORKSHOP REQUESTS

	f	% Resp.
Osteo-Arthritis	30	48
Total joint replacement	32	51
Amputation-prosthetic devices	20	32
Orthopedic trauma	37	59
Fractured vertebra	20	32
Nursing care-rehabilitation	27	43
Pediatrics-orthopedics	3	13
Neuro-muscular physiology in nursing	36	58
Nursing assessment on orthopedics	20	32
No Totals: Multiple responses received	36	

Further analysis of topic choices. The researcher felt that a further analysis of the respondent's choices should be made to show the difference in choices that were made by RN, LPN, and "other". These data are presented in table 12. It is interesting to compare this table with Table 6. Of the nineteen orthopedic RN's only one did not choose orthopedic trauma. Of the nineteen Medical-Surgical (with orthopedics) all chose nursing care-rehabilitation. Seven LPN's chose total-joint replacement while none chose nursing assessment on orthopedics.

TABLE 12. FURTHER ANALYSIS OF TOPIC CHOICES

Topics	Other	RN Medical	RN Ortno.	LPN Med.	LPN Ortho.
Osteo-arthritis	4	16	7	0	3
Total joint	3	12	10	3	4
Amputation-	1	11	4	3	1
Orthopedic trauma	1	13	18	4	1
Fractured Vertebra	1	8	5	4	2
Nursing care-	1	19	2	2	3
pediatrics-orthopedics	1	4	2	1	0
Neuro-muscular	2	13	15	4	2
Nursing assessment	2	3	10	0	0

Further investigation showed that length of service and hours of work per week did not make a difference in the respondent's choices. The difference that was noted was in the area of work. This being orthopedics and medical-surgical (with orthopedics).

When asked which of the hand-out materials the respondents had read, the most frequent response was Fat Embolism Syndrome (87%). The least read hand-out was Orthopedic Nursing Part I with 44 per cent. These data are presented in Table 13. Further investigation revealed that 38 per cent of the respondents had read all the materials and only 3 per cent had read none. Approximately three-fourths of the respondents had read the Traction Handbook. Some respondents commented that they had not been given a copy of the Traction Handbook. Perhaps the response would have been higher for the Handbook because those that made the comment had read all the other material they had received. The researcher believes these results to be strongly supportive of the hand-out materials.

TABLE 13. NUMBER AND PER CENT OF RESPONDENTS HAVING READ THE HAND-OUT MATERIALS

Reading	f	% Resp.
Orthopedic Care and Nursing Care of the Patient in Traction	46	73
Fat Embolism Syndrome	55	87
The Do's and Don'ts of Traction Care	43	68
The Traction Handbook--A Zimmerbook	46	73
Orthopedic Nursing Part I	28	44
The Hazards of Immobility	53	84

When questioned as to the estimated time spent in using this material 54 per cent said it could not be determined. Six per cent used the material more than five hours while 21 per cent used it from 3-5 hours. Thirteen per cent used the material 1-2

hours and 6 per cent said they used the materials less than one hour.

When asked what use the respondents made of the hand-out materials the highest response was in the area of reference (56%). The second most frequent response was that of supplementary (52%). Twenty-nine per cent said it helped in solving patient problems and eleven per cent said they used the hand-out materials for indepth study. Eight per cent chose the category "other" with either giving no reason or giving the reason of not being useful in their job area. Further investigation revealed that only one respondent said they had used the material in an indepth study but had actually never read any of the materials.

Approximately two-thirds of the respondents indicated that the hand-out materials stimulated further thinking as well as related to the skill of their job. Over one-half of the respondents reported that the materials were easily read. Twenty-two per cent said the hand-out materials emphasized psychological aspects well and only 8 per cent had not used the materials or gave no reason for choosing the category of "other". Again the reader is cautioned not to forget the responses were multiple responses.

Because of the favorable response of the respondents for the hand-out materials it is the opinion of the researcher that the hand-out materials gave supportive practice for the nurses to feel knowledgeable and to work better in their job areas.

Respondents' attitudes toward which area should have had more time spent is shown in Table 14. Twenty-nine per cent said no additional time was needed in any area but 27 per cent said more time should have been spent on physiological principles. Those choosing "other" gave further favorable comments or suggested using equipment application.

TABLE 14. NUMBER AND PER CENT OF RESPONDENTS INDICATING THE AREA WHERE MORE TIME SHOULD HAVE BEEN SPENT

Area	f	% Resp.
Psychological support	12	19
Physiological principles	17	27
Physics principles	12	19
Nursing intervention	15	24
Nursing assessment	12	19
No additional time was need in any area	18	29
Other	5	8

Not Totals: Multiple responses received

Analysis of comments received on open form questions. The respondents were asked to relate how the workshop changed their practice. Seventy-eight per cent chose to respond. These comments may be read in their entirety in Appendix B. Frequently mentioned comments were of the different types of knowledge gained and the new confidence it gave them in their work. A very small per cent felt they could not use what they learned in their present job.

The respondents were asked what their over-all feeling was for the workshop. Ninety-four per cent responded to the question. These may be read in Appendix C. Many favorable comments were given

for the choice of speaker chosen for the workshop. Words such as "good", "worthwhile", "very helpful", were used to describe the workshop. A few respondents again suggested using a variety of speakers or practical application of equipment.

Less than 16 per cent of the respondents indicated reasons as to why they did not use the hand-out materials. These comments may be read in Appendix D. Some respondents said they had given them away to others that needed the material. The most frequent response given was that they were of no value to the respondent's present area of work.

The respondents were asked if future workshops should give the participant relevant reading materials. Ninety-seven per cent were in favor with no respondent against the idea. Less than three per cent suggested placing the materials on a table for participants to take if they wished. These data are interpreted as being supportive of the hand-out materials and their use in future educational workshops of Region II.

Comparison of six month evaluation and workshop evaluation.

It is interesting to note that six months later a favorable increase was noted in the per cent rate as presented in Table 15.

TABLE 15. COMPARISON OF SIX MONTH EVALUATION AND WORKSHOP EVALUATION

	% Increase	Workshop %	% Six months later
Hand-outs of value	15	82	97
Hand-outs a help	4	93	97
Offer more workshops	10	86	96
Related theory to practice	1	68	69

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS .

Summary. The responses from the questionnaire revealed that the highest percentage of the Region II workshop population were full time hospital RN's in the medical-surgical (with orthopedics) area, with from one to three years experience.

The majority of the respondents indicated a very favorable response for the workshop and its hand-out materials. As a result of the workshop a large per cent indicated they had better nursing methods in the observation and comfort measurement of the patient. A large per cent agreed that as a result of the workshop they now taught the patient self-care. The majority of the respondents indicated that the workshop changed their practice in a favorable way for improvement.

A favorable response was indicated for the hand-out materials and a large per cent revealed that the materials were valuable as a reference or supplementary use that stimulated further thinking, were related to the skill of their job, and were easily read. The majority indicated supplying relevant hand-out materials for future workshops was important.

A majority of the respondents were favorably impressed with the speaker of the workshop and her slide presentation and agreed that the hand-out materials were of value. A large per cent of the respondents recommended specifically prepared leaders for case studies and the stressing of physiological principles as suggestions for improving future workshops.

The most frequent topics chosen by the respondents for future workshops included orthopedic trauma, neuro-muscular physiology in nursing, total joint replacement, osteo-arthritis, and nursing care-rehabilitation.

Conclusions. Based upon the data, findings, and analysis, these conclusions were deduced:

1. That the respondents of Region II workshop are favorably inclined toward future Region II workshops and relevant hand-out materials.
2. That the workshop and its materials gave supportive practice for the nurses to feel knowledgeable and to work better in their job areas.
3. That the nurses did read, use, and value the hand-out materials.
4. That the nurses did still feel after six months expiration that the workshop and its materials were valuable.
5. That the length of work service did not affect the choices for future workshops.
6. That the type of work area did affect the choices for future workshops.

Recommendations. Based upon the data, review of the literature, findings, analysis, and conclusions deduced, the following recommendations were proposed:

1. That the Goshen College Continuing Education in Nursing Region II continue offering educational workshops.

2. That relevant hand-out materials be given by the educational workshop to each participant.
3. That all future workshops be evaluated by participants and staff through use of a questionnaire and a follow-up evaluation be done within six months of the ending date.
4. That future questionnaires have better spacing, clearer directions given for choices made, and no mention made of the coding method to be used.
5. That scientific research projects of the nurses and staff be encouraged and stressed. That the findings be published in nursing literature.
6. That a summary of this study be published in the nursing literature, which according to the review of the literature, perhaps might be the first to evaluate hand-out materials.

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APPENDIX A

ISCEW-REGION II

(for office use only)

Check most appropriate

1. I work in one of the following agencies.
- a. Hospital
- b. Nursing Home- extended care
- c. Public Health
- d. Other (specify) _____
- 2-3 I work on one of the following type of nursing areas.
- 2a. Emergency Department
- b. ICU (Special Care)
- c. Medical-Surgical (with Orthopedics)
- d. OR-RR
- 3a. Orthopedics
- b. Pediatrics
- c. Other (specify) _____
4. I am a _____ RN _____ LPN _____ Other (specify) _____
5. I work the following number of hours per week.
- a. 40 or more d. 19-10
- b. 39-30 e. 9 or less
- c. 29-20
6. I have worked on orthopedic nursing.
- a. less than 3 months d. 4 to 6 years
- b. 4 to 11 months e. over 6 years
- c. 1 to 3 years
7. Educational offerings like the workshop on Traction: A Nursing Challenge, should be offered in the future.
- a. strongly disagree d. agree
- b. disagree e. strongly agree
- c. not sure
8. We spent enough time in the workshop relating theory to practice.
- a. strongly disagree d. agree
- b. disagree e. strongly agree
- c. not sure

Check up to four (a maximum of four may be checked).

- 9-10 As a result of the workshop I can do nursing better in:
- 9a. assessment
- b. turning the patient
- c. observation of the patient
- d. circulatory assessment
- 10a. comfort measurement
- b. psychological support
- c. other (specify) _____
- 11-12 As a result of the workshop I:
- 11a. participated in an in-service program for other staff
- b. did a research project among the patients I care for
- c. shared my knowledge in group sessions
- d. taught the patient more about his self-care
- 12a. questioned doctors on the purpose of traction
- b. trained the other staff in daily work contacts
- c. other (specify) _____
13. I liked most about the workshop: (maximum of two)
- a. speaker- Jane Parrell, R. N.
- b. visual presentation-slides
- c. printed hand-outs
- d. group participation-discussion-case studies
- e. other (specify) _____
14. I feel that all future workshops can be more interesting and meaningful through: (maximum of two)
- a. time limit on group reports
- b. group reports limited to unique aspects
- c. specific prepared leaders for case studies
- d. variety of speakers
- e. other (specify) _____

15-16 Please check a maximum of 4 topics you would like to see in future educational offerings.

- 15a. osteo-arthritis
 b. total joint replacement
 c. amputation-prosthetic devices
 d. orthopedic trauma
 e. fractured vertebra
 16a. nursing care-rehabilitation
 b. pediatrics - orthopedics
 c. neuro-muscular physiology in nursing
 d. nursing assessment on orthopedics

I read the following hand-out materials (check those you read):

17. Orthopedic Care & Nursing Care of the Patient in Traction
 18. Fat Embolism Syndrome
 19. The Do's and Don'ts of Traction Care
 20. The Traction Handbook - A Zimmerbook
 21. Orthopedic Nursing Part I
 22. The Hazards of Immobility

23. Estimated time I spent in using this material

- a. less than 1 hour d. more than 5 hours
 b. 1-2 hours e. cannot be determined
 c. 3-5 hours

24. The use I made of these hand-outs were:

- a. supplementary d. helped in solving patient problem
 b. reference e. other (specify) _____
 c. indepth study

25. The hand-out materials were:

- a. related to the skill of my job
 b. emphasizing psychological aspects well
 c. easily read
 d. stimulating further thinking
 e. other (specify) _____

26-27 More time at the workshop should have been spent on:

- 26a. psychological support
 b. physiological principles
 c. physics principles
 d. nursing intervention
 27a. nursing assessment
 b. no additional time was needed in any area.
 c. other (specify) _____

Relate how this workshop changed your practice.

What are your over-all feelings of the workshop?

If you have not used the hand-outs, could you specify your reasons?

In future workshops, should reprinted articles and relevant reading materials be given each participant?

Yes, No, Other (specify) _____

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46

statewide plan for
Continuing Education in nursing

KATHRYN M. PONZO, Coordinator, Region II

April 1976

Dear Nurses:

You participated in the workshop "Traction-A Nursing Challenge" on October 3, 1975. I am writing to ask you to complete the enclosed questionnaire as part of a six month follow up study of the traction workshop. It is through your comments that we can sustain successful efforts and improve where needed to insure quality continuing education in nursing in Region II.

You will find an enclosed pre-paid envelope which is numbered. Note, the envelopes are addressed to Indiana University to C. R. DuVall. Dr. DuVall's office will mark envelopes received, separate the questionnaire, and tabulate the questionnaire assuring your anonymity. The composite results of the study will then be reported back to the office of continuing education in nursing at Goshen College. This process allows us to do a second mailing if necessary but your individual response is still anonymous.

Your honest responses will be appreciated and provide future guidelines for all workshops as well as new ones in Orthopedic Nursing. Please take ten minutes now to complete all items. Feel free to add additional comments as necessary. Return the questionnaire by April 28, 1976 in the envelope provided.

Thank you for your assistance.

Sincerely,

Kathryn M. Ponzo
Coordinator, Continuing Education in Nursing
Region II

KMP/ieb

INDIANA UNIVERSITY at SOUTH BEND

1825 NORTHSIDE BOULEVARD
SOUTH BEND, INDIANA 46615

DIVISION OF EDUCATION

May 13, 1976

TEL. NO. 219--237-4339

Dear Friend:

We recently mailed you an opinionnaire designed to determine your opinions concerning a recent ISCFEN-Region II in-service workshop entitled "Traction-A Nursing Challenge" in which you participated. To date we have not received all of the replies. If you have already responded please accept our sincere thanks. If you have not yet responded please consider that the successful completion of this study has great potential value to nurses as well as educators. The results may have an effect upon the future scheduling and content of your in-service training programs.

This study is being conducted in cooperation with Mrs. Kathryn Ponzo, Director of Continuing Education in Nursing for Region II. All data are being returned to Indiana University at South Bend for analysis. This is a cooperative, yet independent, assessment. The confidentiality of all replies is assured.

We are particularly anxious to receive replies from a representative sample of nurses such as yourself. If you are able to complete and return the opinionnaire it will be of great value to us.

In the event you misplaced the first opinionnaire we have enclosed another copy, as well as a self-addressed postage paid envelope.

Thank you for your cooperation in this study.

Sincerely,

*Carolyn Wise*Carolyn Wise
Researcher

Approved:

*Charles R. DuVall*Charles R. DuVall, Ph.D.
Associate ProfessorCW/CRD:bd
Encs.

APPENDIX B

Written comments received in response to the statement
 "Please relate how this workshop changed your practice."

"It made you stop and think about the reason behind all aspects of care in caring for orthopedic patients." (000)

"More confidence in working with traction. Making patient more comfortable. Helping patient to help self more." (001)

"Brought back nursing tips and put into daily routine. Always feel inspired upon return and share knowledge. Also gratifying to know what I know is reinforced by the speaker." (002)

"I feel more at ease when working with traction patients." (004)

"I look more carefully at the traction on each of my patients each time I enter the room." (006)

"To be less disturbed with male patients' reactions to confinement." (007)

"It helped to understand the patient's problems." (010)

"Made one aware of the physics of traction, and some psychological problems." (011)

"It did help me to understand various traction set-ups better and their purpose." (012)

"Changed care of patients restricted to bed especially back care practices." (013)

"Wrapping aces diagonally. Checking closer on neurological status of traction-affected extremities." (021)

"Closer observation. Teaching other co-workers to know importance of skin care, turning, especially 11-7 shift." (022)

"Helped understand the problems of patients in traction." (023)

"This workshop reinforced and reviewed for me the principle of traction and also brought out some psychological aspects I had not considered." (026)

"Clarified some misconceptions. Better observation of patient for possible problems-circulatory, imbolism." (027)

"Made me more aware and observant." (030)

"A more thorough evaluation of the patient." (031)

"I was more aware of the need for assessing the patients on my unit physically as well as psychologically." (033)

"It made me more aware of what was happening to the patient lying in traction." (037)

"It has helped me understand traction principles and dangers more." (039)

"Supported practice. Encouraged using nursing judgment." (041)

"One statement made a lasting impression: 'Know the purpose of the traction.' With that in mind, you can proceed with self-confidence to evaluate each individual situation." (043)

"Know better techniques for skin care, and observation." (046)

"Better understanding of the patients' physiological needs. Realizing it takes longer to care for a fracture patient." (047)

"More observant of orthopedic patients." (051)

"It is good to have some one review and add to the correct caring for a patient in traction and with fractures. We can all gain from others." (052)

"I was better able to turn and reposition my patient without fear of damage." (057)

"Reduced my fear and ignorance of traction with its principles. Made me more aware of psychological aspects of the orthopedic patient." (061)

"Now know how to evaluate positioning, alignment, etc. and meet specific patient needs." (065)

"It helped me to evaluate my patients' needs. It is difficult to do very much just working part-time." (069)

"Feel freer to change traction." (070)

"In understanding arthritic patients and the pain and discomfort they have to deal with." (072)

"I feel more confident working with patients in traction." (075)

"I am not currently employed but my daughter had a severe fracture of the radius in December with much swelling and I was better able to care for her through principles I reviewed at the workshop." (076)

"More aware of the complication of fat embolism." (077)

"I think I'm a better orthopedic nurse because of it and I would love to see future workshops of this type. I've been better equipped to recognize neuro-vesicular signs and improper traction and do better teaching methods." (080)

"I could understand traction better, and move patients with better understanding of what I was moving and how the patient could help." (083)

"It made me realize what a traumatic experience these patients go through being in traction so long and how much emotional support and help they need." (084)

"Helped me in giving better patient care to these in traction. Also helped in teaching other workers better patient care." (087)

"To be more aware of potential problems." (201)

"Made me more secure. Added greater depth in orthopedic nursing." (202)

"I felt more confident in the delivery of nursing care to the orthopedic patient entrusted to my care." (203)

"Not much. I'm sorry to say- I feel I'm aware of how much psychological support a patient in traction needs." (204)

"Since I was new in orthopedics and had just returned to hospital nursing after 12 years. I was interested in each detail." (205)

"Greater general understanding." (206)

"I haven't been working with the type of patient. I have been working on home cases." (208)

"Feel more confident in working with tractions. Feel I can make patient more comfortable. Can teach more self-care." (209)

"Placed more emphasis on observing patient. Reviewed traction principles." (211)

"Inactive." (212)

APPENDIX C

Written comments received in answer to the question "What are your over-all feelings of the workshop?"

"Very informative and well presented." (000)

"Thought it most interesting and helpful." (001)

"Jane Farrell excellent speaker. Material not "too simple" went into involved principles, not just basics." (002)

"Very informative. I did not get much out of the small discussion group. The time spent there could have been better spent." (004)

"I especially appreciated the handouts and still refer to them. I would have appreciated more indepth information but what was done was good review." (006)

"The speaker was excellent. The subject was timely. The reports and discussion interesting and challenging. A well spent day." (007)

"The group work and reporting was a waste of my time." (009)

"I felt it was time well spent and feel that there should be more of these." (010)

"It was not deep enough. It was too general and vague. We should have gone into the physiology more." (011)

"To still see the actual traction set-ups and to work with the equipment as well as just talk about it." (012)

"Beneficial." (016)

"Very good." (020)

"Liked the lecture sessions. Did not find small groups as stimulating or rather informative." (021)

"Very helpful-sorry not more people could attend." (022)

"Very helpful." (023)

"I really enjoyed the workshop and especially the speaker, Jane Farrell. It was much more interesting than our hospital inservice meetings." (026)

"Good speaker-knew topic. Good opportunity to exchange ideas of care." (027)

"I thought it was well organized and well executed." (030)

"Very informative." (031)

"Sincere appreciation for efforts of others to assist my increase in knowledge of Orthopedic Nursing. Tremendous hand-out selections-easily read and absorbed." (033)

"It was very interesting and stimulating." (037)

"I thought it was very good except case studies which were a waste of time." (039)

"Good." (041)

"Extremely well presented. Jane Farrell presented her speciality in a very "down to earth" level, easily understood and easily remembered by those of us who don't work with orthopedics everyday." (043)

"Very interesting and helpful." (046)

"Informational. This was the first orthopedic workshop I had attended, so some of the material was new, some reinforced my knowledge and practice. Enjoyed the group sessions, getting new ideas from other nurses." (047)

"Helpful and maintained by interest." (051)

"Would like to see group sessions and reports replaced with another speaker with visual presentation." (052)

"Good." (053)

"Great-have more speakers who work with this type of patient- not just those who teach it out of a book." (057)

"Avoid repeating. The more material presented in class the better. As many nurses have limited time for outside study." (060)

"Very educational and meaningful. The location (South Bend Hospital) of the workshop was very good. Perhaps a map of approved parking areas could have been included with a designation of entrance of the workshop; this would have been helpful." (061)

"-Enjoyed it very much." (065)

"Most of my nursing career has been devoted to the area of Need-Surgical Nursing- so I felt the need to avail myself of the worthwhile opportunity to further my knowledge and expertise in the field of orthopedic nursing since my contact with this type of patient is much more often now due to the type of agency by whom I am employed." (203)

"I feel there could have been more practical suggestions used to the physical side of caring for the patient. Could have explained physics of traction in relation to body anatomy better- Too much emphasis on psychological- at this point in nursing a nurse has her own concept of psychological problems- it would be okay for students but not nurses who have practiced for years. I felt we could have discussed more on treatment and prevention of dieubitus- We could have reviewed finer points of muscle-skeletal anatomy terminology. Also surgery terminology. Also physics of traction terminology and understanding -what does 5 lb. weight do that 3 lbs. cannot do, etc." (204)

"I thoroughly enjoyed the workshop. The speaker was outstanding! I would love to continue my education and this is a start. Mrs. Farrell was able to detour from the planned outline to present a lot of down-to-earth facts. This to me is an indication of a well educated, dedicated person." (205)

"Too much wasted time in group reports covering the identical material- different case studies for each group would have been far more valuable." (206)

"Very worthwhile." (207)

"Very good." (208)

"Feel was helpful to me. Well presented, interesting. Hope the future brings more." (209)

"O.K." (210)

"Well presented and knowlegable." (211)

"I thought Mrs. Jane Farrell was excellent; she knew her subject very well and how to put it across to the other-nurses. I feel the workshops help me to "keep-up" somewhat with nursing." (212)

"I feel that I learned a great deal, although at the present I am not working with traction patients." (066)

"I think it is wonderful. It gives you an idea of the modern way of doing things. Helps you to give better nursing care." (068)

"A field of interest to me. Not often in direct line in my present field." (069)

"Very helpful and interesting." (070)

"I think it was very well presented and should be more of them to help me become a better orthopedic nurse." (072)

"Very helpful." (075)

"I thought it was very well planned. Jane Farrell is a very qualified speaker in regards to orthopedic nursing and traction and cast care." (076)

"Good- would have liked working with actual equipment (traction, pulleys, weights, possibly using a participant as a demonstration) The ace bandage was the only "equipment" there." (077)

"The workshop was well organized stimulated interest and thinking. The location city, room, etc. were excellent. I would love to have a traction workshop at my hospital with orderlies attending also- it is needed. Incidentally- this was one of the best workshops I have attended and I've been to several- also Jane Farrell if great!" (080)

"It was a well presented conference." (082)

"I thought the workshop was very interesting and informative. I would have liked to hear Jane Farrell talk a little longer." (083)

"I enjoyed it very much- learned a lot. Very interesting subject matter was discussed." (084)

"Prefer a variety of experts so that high level information can be given throughout the day. One person tends to wear down." (086)

"Necessary for updating and review." (087)

"I found it very interesting and worthwhile." (201)

"Very worthwhile." (202)

APPENDIX D

Written comments received in answer to the question "If you have not used the hand-outs, could you specify your reasons?"

"Very few traction patients in nursing homes- but we never know when we or someone close to us may benefit from this particular material. But if at the end of the session we feel they are of no particular relevance could they be turned back for future use?" (007)

"Gave to R.N. on furlough from missionary work in India." (020)

"If made available (say on a table) for each person to pick up if they desired would tend to stop waste for literature not needed." (021)

"Did not read due to lack of time. Others do that type of work; no ample opportunity to apply learned materials on the night shift." (060)

"I had no occasion to use them." (069)

"The traction Handbook was not available for each person. It would be nice to be able to refer to it at home." (077)

"My cases have not necessitated the use of the print-outs. Mostly deal with surgical or medical." (208)

"Not related to present position." (210)

"Mainly time- intend to read in due time- seems to be excellent material." (212)