

Knowledge and Attitude Regarding Traction among Patients with Fracture

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Abstract: Globally, 178 million new fractures occur yearly, and 455 million have short- or long-term symptoms. Patients under traction should avoid prolonged immobility to avoid bedsores and circulatory, respiratory, and urinary issues. The study examined patients' knowledge and attitudes toward reducing problems and improving nursing care. Quantitative and descriptive methods were used. In a Bangalore hospital's surgical ward, 60 fracture patients received traction. A convenient sampling method picked the appropriate sample. Knowledge and attitude scales about traction were used to collect data. This study found that 31% of patients were 41-50 years old, 55% were female, and 76% were from metropolitan nuclear families. The Knowledge Questionnaire gave respondents a mean score of 15.8 ± 3.08 , with 50% indicating somewhat sufficient knowledge, 41.6% inadequate, and 8.3% adequate understanding regarding traction. In terms of attitude, the mean and SD were 30.06 ± 5 . Most respondents (66.6%) liked traction, while 33.3% disliked it. According to the study, most fracture patients were relatively aware of traction and pleased about it. Positive correlations were found between fracture patients' attitudes and traction knowledge.

Keywords: Knowledge Attitude; Patients with Fracture; Pin Tract Infection (PTI); Short and Longterm Fracture Symptoms; Implication to Nursing; Care and Early Recovery.

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1. Introduction

Traction is a widely utilized method in treating and managing bone fractures, especially those affecting long bones like the femur and tibia. It is crucial in aligning bone fragments, reducing pain, and preparing patients for further surgical or non-surgical treatments. Despite its significant role in the recovery process, many patients often lack sufficient knowledge about the purpose and benefits of traction. Moreover, their attitudes toward this treatment method vary, influenced by personal experiences, cultural beliefs, and the level of information healthcare providers provide. Understanding patients' knowledge and attitudes regarding traction is vital in enhancing compliance and improving treatment outcomes. Fractures, whether caused by trauma, accidents, or pathological conditions, often lead to significant physical and psychological distress. In the treatment of fractures, traction has been used for centuries to ensure proper alignment of broken bones, reduce the risk of complications, and facilitate healing. Although technological advancements have introduced alternative treatments, traction remains a fundamental technique in many cases, particularly in resource-limited settings. However, a critical aspect of the treatment

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process is how well patients understand traction and their perceptions of its effectiveness. This understanding is often influenced by several factors, including the patient's educational background, access to healthcare information, and the communication they receive from medical professionals.

Patients' knowledge about traction shapes their attitudes towards this treatment. When patients are well-informed about how traction works, the importance of immobilization, and the expected outcomes, they are more likely to comply with the treatment plan. Unfortunately, many patients have limited knowledge about medical interventions, including traction, which can lead to apprehension, anxiety, or resistance. Misunderstanding the procedure can foster negative attitudes, decreasing compliance and cooperation with healthcare professionals. As such, it becomes critical for healthcare providers to actively educate patients about the process, its benefits, and any potential risks associated with traction. Patients' attitudes toward traction are also shaped by their experiences and expectations. For instance, some individuals may have preconceived notions about traction, associating it with discomfort, immobility, or long-term dependence on medical devices. Cultural and social factors further influence these attitudes. In some communities, medical treatments involving immobilization are viewed with scepticism or fear, while others may see them as necessary for recovery. Additionally, personal experiences with pain, immobility, or previous medical interventions can lead patients to form either positive or negative perceptions of traction.

Healthcare professionals play a pivotal role in addressing the knowledge gaps and misconceptions about traction among patients with fractures. Effective patient education involves clear communication, empathy, and easily understandable language. Medical jargon and complex explanations can confuse patients with limited health literacy. By providing comprehensive and patient-centred information, healthcare providers can alleviate patients' fears and concerns regarding traction, fostering a more positive attitude towards their treatment. The approach taken by the medical team significantly influences the patient's outlook on their recovery process, making it important to prioritize patient education as part of fracture management. Several studies have highlighted the importance of patient education in improving health outcomes. In the context of fractures and traction, educating patients about the mechanisms of bone healing, the role of traction in this process, and what they can expect during treatment can empower them to participate in their recovery actively. Moreover, an informed patient is more likely to adhere to treatment protocols, report complications early, and engage in rehabilitation efforts, all of which are crucial for a successful outcome. Addressing misconceptions, such as the belief that traction is an outdated or unnecessary treatment, can also help shift patient attitudes in a more positive direction.

Another important factor in understanding patients' knowledge and attitudes regarding traction is the role of caregivers and family members. In many cases, patients rely on the support and advice of their families, especially in cultures where family involvement in medical decisions is common. Educating patients and their families about the traction process and its benefits can lead to a more supportive recovery environment. When family members understand the rationale behind traction, they are better equipped to provide emotional and practical support, encouraging the patient to follow medical advice and adhere to the treatment plan. Furthermore, socio-economic factors may affect patients' access to information and attitudes towards traction. Individuals from lower socio-economic backgrounds may have limited access to healthcare resources and educational materials, which can result in a lack of understanding about the importance of traction. Additionally, the availability of healthcare services and the quality of communication between patients and healthcare providers can vary based on geographical location, with rural and underserved areas often facing challenges in patient education. Addressing these disparities is essential to ensure that all patients, regardless of their background, have the information they need to make informed decisions about their treatment.

In addition to patient education, pain management during traction is a critical factor influencing attitudes. Traction can sometimes cause discomfort, which, if not adequately managed, may lead to negative perceptions of the treatment. Patients who experience high levels of pain or discomfort may associate traction with suffering, making them less likely to cooperate with the treatment process. Therefore, healthcare providers need to assess and address pain proactively, using both pharmacological and non-pharmacological interventions to improve patient comfort and reduce anxiety. Understanding patients' knowledge and attitudes regarding traction in managing fractures is a multifaceted issue that requires attention to patient education, communication, cultural beliefs, and pain management.

By addressing these factors, healthcare providers can improve patient compliance, reduce anxiety, and promote better health outcomes. Enhanced patient education efforts and a supportive and empathetic approach can significantly influence patients' attitudes towards traction, leading to a more positive treatment experience and a smoother recovery process. As fracture management continues to evolve, ensuring that patients are well-informed and have a positive attitude towards their treatment remains critical to effective healthcare delivery.

2. Review of Literature

Fractures are one of the most prevalent problems in a person's lifetime. A fractured femur is one of the most important causes of mortality in musculoskeletal injuries. Lower limbs made up 41.39% of the most common sites, followed by amputation/crush

injuries (7.82%) and complicated fractures (32.03%). Bony injuries were the most common type (65.38%), followed by soft-tissue injuries (34.62%). Ages 30-59 were the most common age range for patients with fracture [1]. In 2019, it was reported that there were 178 million newly diagnosed cases of fractures globally, which shows a 33-4% increase in fractures since 1990; 455 million cases suffer from acute or long-term symptoms of a fracture, it was found to be increased up to 70-1% since 1990, and 25.8 million YLDs, an increase of 65.3% since 1990. Regarding gender, fractures affected 102 million men and 76.4 million women. In 2019, the elderly age groups had the greatest age-specific fracture incidence rates [2].

Fractures of the lower limbs were commonly treated with tractions. Traction reduces the complications related to fracture, and a reduction in the mortality rate was seen in femoral fractures from 80% to 15.6% [3]. Skeletal traction and skin traction are the two basic types of traction. The location and the fracture type will determine the traction type to be employed. Skeletal traction is administered by inserting pins into the bones, and there may be possibilities of skin damage when prolonged pressure is applied. Skeletal traction does have the disadvantage of infections at the pin insertion sites and issues with pin implantation. Skin traction is typically administered to people with hip fractures when the soft tissues, such as the muscles and tendons, need to be healed [4].

The occurrence of complications in patients with skin traction was 50%, and in skeletal traction, it was 60% [5]. On average, the patient spends 4.7 weeks on traction. Pin tract infection (PTI) was 24%, and it occurs during the 5th and 6th week on traction; it was most commonly noted in patients with comminute fractures, with 42.9% developing PTI. By the fourth week of traction, the majority, 62.7% of the patients experienced knee stiffness, making it the most frequent consequence of traction. Nearly one-third, 36% of the patients, experienced a decrease in thigh circumference after the application of traction [6].

The primary purposes of traction splinting are to align the fracture ends, immobilize the affected limbs, control painful spasms, prevent or reduce blood loss, achieve pain relief, prevent further damage to blood vessels, nerves, and tissue, and reduce the incidence of fat embolism, are crucial for healthcare professionals to understand [7]. Traction splinting aids in the prevention of shock and promotes bone reunion. Hence, it is used as a treatment option which should not be denied for deserving patients [8]

For patients in traction, proper treatment is crucial. Prolonged immobility should be avoided because it could result in bedsores and potential respiratory, urinary, or circulatory complications. Patients can move independently using a trapeze bar, which helps them control their movements. Caregivers can help their patients on an exercise regimen to keep their muscles and joints mobile. Regular inspections of traction devices are necessary to maintain appropriate positioning and force application; when using skeletal traction, it's crucial to look for bone infections [8]. The study will add to the body of knowledge on fracture patients' awareness of traction, which will aid in preventing complications and delivering high-quality nursing care. Hence, the investigator needed to assess the knowledge and attitude regarding traction among fracture patients.

2.1. Objectives of Study

- To assess the knowledge and attitude regarding traction among patients with fractures.
- To find the relationship between the knowledge and attitude regarding traction among fracture patients.
- To find the association between knowledge and attitude regarding traction among fracture patients with their selected demographic variables.

3. Materials and Methods

The present study used a quantitative approach and a descriptive design to determine the knowledge about traction and attitude towards traction in patients with fractures admitted at a selected hospital in Bangalore. The present study was conducted in the surgical ward of a selected hospital in Bangalore, India. The target population of the present study includes patients under traction with fractures, and the accessible population includes patients under traction who were admitted to a selected hospital in Bangalore. The sample comprises 60 patients with traction for fracture who were admitted to the surgical ward, selected Hospital, Bangalore. A convenient sampling technique was used to select the sample. Patients with lower limb fractures aged below 18 and above 60 years were excluded, and patients aged above 18 years and below 60 years were included in the study. Patients with multiple traumas and serious injuries were excluded. Data was collected using the self-administered knowledge questionnaire and attitude scale to assess knowledge and attitude regarding traction among fracture patients.

The investigator developed the tool, and the questionnaire consisted of 3 parts: demographic data, Knowledge questionnaire and attitude scale. The reliability of the tool is $r = 0.082$. Using descriptive and inferential statistics, the data were analyzed based on objectives. Frequency and percentage for the analysis of demographic characteristics, knowledge and attitude score of the study sample. Correlation was used to find the relationship between the knowledge score and attitude regarding traction. The mean and standard deviation for the overall knowledge scores and aspects of traction among patients with fractures. A chi-

square test was used to identify the association between the scores of the knowledge questionnaire and the attitude scale with the selected demographic characteristics of patients with fractures.

4. Results

Table 1 depicts the demographic characteristics of the respondents. It is evident from the results that 19 (31%) respondents belong to the age group of 41-50 years, 17 (28%) respondents belong to the age group of 31-40 years, 16 (26%) belong to the age group of 51- 60 years, and 8 (13.3%) respondents belong to the age group of 19-30 years. Regarding the gender of the respondents, the majority, 33(55%), were female and 27 (45%) respondents were male. The results indicated that 31(51.6%) respondents belonged to the Hindu religion, 6 (60%) respondents were Muslims, and 23(38.3%) respondents were Christians. To the respondents' residences, the majority, 33 (55%), were from urban areas, and 27(45%) were from rural areas.

Table 1: Demographic Characteristics of Respondents N=60

No.	Characteristics	Category	Respondents	
			Number	Percentage
1.	Age (Years)	19-30	8	13.3%
		31-40	17	28%
		41-50	19	31%
		51-60	16	26%
2.	Gender	Male	27	45%
		Female	33	55%
3.	Religion	Hindu	31	51.6%
		Muslim	6	10%
		Christian	23	38.3%
4.	Residence	Rural	27	45%
		Urban	33	55%
5.	Type of Family	Nuclear	46	76%
		Joint	14	23.3%
6.	Education	Non-literate	7	11.6%
		Primary Education	16	26.6%
		Secondary Education	13	21.6%
		Higher Secondary Education	18	30%
		Graduate	6	10%
7.	Family Income	Below Rs.3000	24	40%
		Rs.3001 – Rs5000	22	36.6%
		Rs5001 –Rs 8000	10	16.6%
		Above 8000	4	6.6%
8.	Occupation	Unemployed	14	23.3%
		Skilled	18	30%
		Unskilled	20	33.3%
		Professional	8	13.3%
9.	Diet	Vegetarian	22	36.6%
		Non-Vegetarian	38	63.3%
10.	Duration of Traction	Below five days	27	45%
		6- 15 days	28	46.6%
		16-30 days	5	8.3%

Regarding the Type of Family majority, 46 (76%) respondents belong to the nuclear family, and 14 (24%) belong to the Joint family. To educational status, 18 (30%) had completed higher secondary education, 13 (21.6%) had secondary education, 16 (26.6%) completed primary education, and only 6 (10%) graduated. About the family income, 24 (40%) had a monthly income below Rs. 3000, and 22 (36.6%) had Rs. 3001 to Rs. 5000, 10 (16.6%) had monthly income from Rs. 5001 to Rs. 8000, and only 4 (6.6%) had income above Rs.8000.

For occupation, 20 (33.3%) respondents were unskilled workers, 14 (23.3%) were unemployed, 8 (13.3%) respondents were professionals and 18 (30%) were skilled workers. Regarding dietary habits, the majority, 38 (63.3%) of the respondents were

non-vegetarians, and 22 (36.6%) were vegetarians. Concerning the duration of traction of patients, 28 (46.6%) were on traction for 6-15 days, 5 (8.3%) 16-30 days, and 27 (45%) were on traction below five days.

4.1. Knowledge regarding traction among patients with fracture

Table 2: Mean and SD of aspect-wise knowledge score regarding traction among fracture patients
N=60

No.	Knowledge Aspects	Max scores	Range Score	Score	
				Mean	SD
1	Knowledge about fracture	5	0-5	2.51	0.89
2	Knowledge about traction	9	0-9	5.45	1.29
3	Knowledge about self-care during traction of patient	10	0-10	3.7	2.36
4	Knowledge about complications of traction	6	0-6	3.2	1.19
	Combined	30	16-30	15.8	3.08

Table 2 shows the Mean and Standard Deviation (SD) of aspect-wise knowledge scores regarding traction among fracture patients. It was evident from the results that the overall Mean and SD of the knowledge score of the respondents was found to be 15.8 ± 3.08 . The highest aspect-wise knowledge score of respondents was found in the knowledge about traction 5.45 ± 1.29 , the knowledge about self-care during traction was 3.7 ± 2.36 , followed by knowledge about complications of traction 3.2 ± 1.19 and knowledge about fracture was 2.51 ± 0.89 .

Figure 1 shows the frequency and percentage distribution of overall knowledge regarding traction among fracture patients. It was evident that the majority, 30 (50%) of the respondents, had moderately adequate knowledge, 25 (41.6%) of them had inadequate knowledge, and only 5 (8.3%) of the respondents had adequate knowledge regarding traction among patients with fractures.

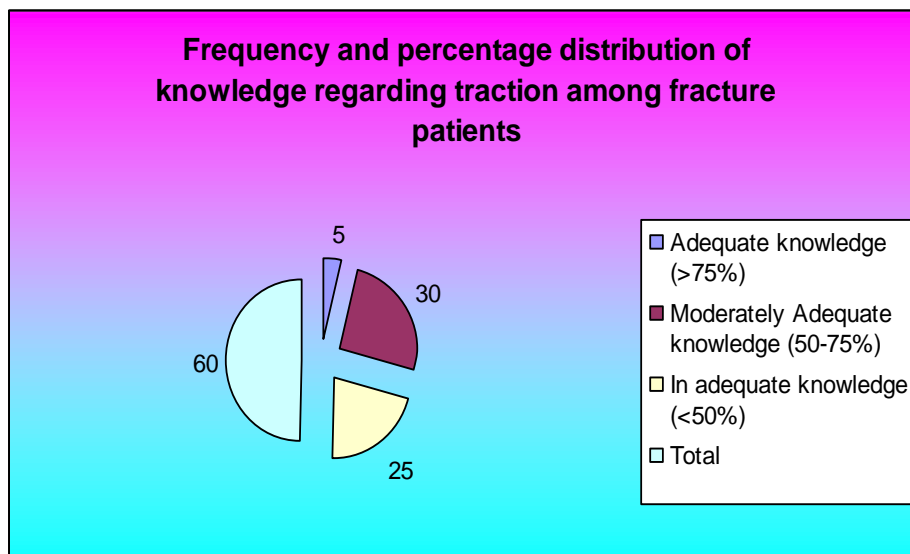


Figure 1: Pie Diagram showing the distribution of knowledge Score regarding traction among patients with fracture

4.2. Attitude regarding traction among patients with fracture

Table 3: Mean and SD of attitude score regarding traction among patients with fracture (N=60)

Attitude	Max scores	Range Score	Score	
			Mean	SD
Attitude	50	0-50	30.06	5.20

Table 3 depicts the attitude score of respondents regarding traction. It was evident from the results that the Mean and SD of attitude score was 30.06 ± 5.20 .

Figure 2 shows the frequency and percentage distribution of attitude scores regarding traction among fracture patients. It was evident that the majority, 40 (66.6%) of the respondents, had a favourable attitude, 20 (33.3%) had an unfavourable attitude regarding traction, and none had the most favourable attitude regarding traction.

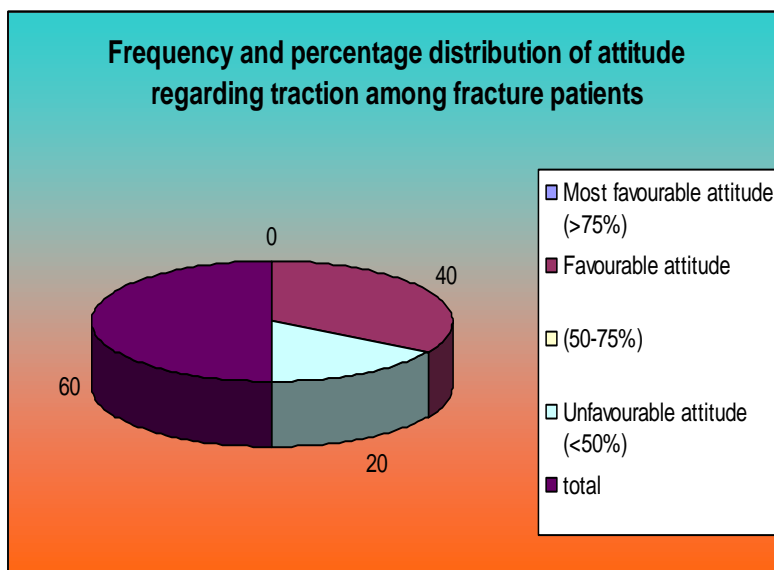


Figure 2: Pie Diagram showing the frequency distribution of attitude Score regarding traction among patients with fracture

Association between the scores of knowledge and attitude regarding traction with demographic characteristics of patients with fracture. It was found that there was a significant association between knowledge score with selected demographic characteristics such as age (χ^2 13.9, $p < 0.05$), religion (χ^2 1.759, $p < 0.05$), educational status (χ^2 5.124, $p < 0.05$), family income (χ^2 17.78, $p < 0.05$), occupation (χ^2 11.72, $p < 0.05$) and duration of traction (χ^2 3.83, $p < 0.05$). It was found that there was a significant association between attitude score with selected demographic characteristics such as residence (χ^2 15.225, $p < 0.05$), and there was no significant association found between the attitude scores regarding traction with age, gender, type of family, family income, occupation, diet, and duration of illness.

Correlation between knowledge and attitude score regarding traction among patients with fracture. The knowledge and attitude regarding traction were positively correlated at $p = 0.131$. It shows that the fracture patients with more knowledge had favourable attitudes regarding traction.

5. Discussion

In this present study, it was evident from the results that more than half (56%) of the respondents were between the ages of 41 and 60. Adults aged between 40 and 60 had a higher fracture prevalence; studies conducted by Mishra et al., [1] reported that the maximum number of participants was 30-59 years, and Swati [9] reported that the majority, 60% of the patients, were between 31-50 years old. According to Mohsen and Moradi [10] the study participant's mean age was 51.16 ± 23.28 years. Fathia [11] mentioned that 60% of immobilized patients were aged above 50 years. On the contrary, the study conducted by Saroja [12] reported that 40% of the patients were between the age group of 21-30 years and Moha et al. [13] reported that 43.83% of patients had fractures between 18-50 years old.

Regarding the respondents' gender, more than half (55%) were female. Similar findings of the study conducted by Swati [9] reported that more than half (54%) were female. On the contrary, Fathia [11], Mohsen and Moradi [10] reported that the majority, 66% of the participants, were male, and Saroja [12], the majority, 60%, were male. Mohan et al. [13] reported that the male-to-female ratio was 1.4: 1.

The results indicated that half (51.6%) of the respondents belong to Hindu religion. In other studies, Swati [9] and Saroja [12] reported that 90% of the respondents belonged to the Hindu religion, as these studies were conducted in a country where the majority of them follow the Hindu religion. The present study also identified that more than half (55%) inhabited urban areas. Regarding the Type of Family, most (76%) respondents belong to the nuclear family.

For their educational status, only one-third (30%) of them completed higher secondary education. The findings of another study by Swati [9] reported that the maximum number of participants had completed secondary education. Fathia [11] reported that 40% of the participants had a basic level of education. Another study by Saroja [12] found that one-third, 30%, were illiterate 12 from the present study. In previous studies, it was inferred that fractures could occur to anyone, regardless of educational background.

Regarding family income, the majority, 76.6%, had a monthly income below Rs. 5000. A study conducted by Swati [9] reported that most of them have a monthly income between Rs. 5000 to Rs. 10000. In another study, Saroja [12] mentioned that 36% and 46% of the participants had a family monthly income of Rs. 3001 to 4000 and Rs. 4001-5000, respectively. It was inferred that family members couldn't eat a nutritious diet due to low income. Haug et al., [14] emphasized that patients on traction had a negative impact on their families and had significant economic consequences due to prolonged hospitalization.

For occupation, one-third (33.3%) of the respondents were unskilled workers. Similar findings were reported by Swati [9]; most of the participants were working in the industrial sector nine, and Saroja [12] reported that 60% of the respondents were labourers. The nature of the occupation was also reported to be a contributing factor for fracture. Haug et al. [14] noted that due to the near absence of rehabilitation services, nothing was done to retain function and speed up recovery during and after prolonged bed rest.

Regarding dietary habits, the majority, 63.3% of the respondents were non-vegetarians. In another study, Saroja [12] mentioned that 86% of respondents were taking a mixed diet. For the duration of patients' traction, 46.6% were on traction for 6-15 days and 8.3% for 16-30 days. In another study, Musajee [6] reported that the patients, on average, spend 4.7 weeks in traction; as the duration of traction extends, the patients are more prone to develop complications; it was reported that pin tract infection (PTI) occurs commonly during the fifth and sixth week in 24% of the participants on traction. Haug et al. [14] noted that extended traction therapy in bed affects the patients physically and emotionally. In the ward setting, anxiety, humiliation, and emotional anguish were frequently noticed. Long-term bone traction has catastrophic effects on patients and their families, and it is extremely frustrating for medical personnel managing fractures in settings with limited resources.

The present study revealed that the overall Mean and SD of the respondents' knowledge scores were 15.8 ± 3.08 . It was evident that most respondents did not have adequate knowledge about traction; only 8.3% of the patients with fractures reported having adequate knowledge regarding traction. Contrary to the study findings, Swati [9] reported that the majority (57%) of fractured patients had good overall knowledge. Another study by Saroja [12] reported a higher overall mean percentage knowledge score of 34.71%. Regarding the Mean and SD of aspect-wise knowledge score, it was found that the respondents scored highest in the knowledge about traction at 5.45 ± 1.29 and self-care during traction at 3.7 ± 2.36 . In another study, Swati [9] reported that 68% of the patients know about taking immediate steps during fracture, 48% about actions to be avoided immediately after fracture, 96% about the management of prior care at home after hospitalization, and 72% had poor knowledge about diet to be followed at home.

About the knowledge about complications of traction, it was 3.2 ± 1.19 . In another study by Pacify et al., [5] the overall prevalence of complications among orthopaedics with skin traction was 50%, and in skeletal traction was 60%. Swati [9] reported that 52% of the patients know about the signs and symptoms of infection, and only 12% know about skin-traction complications. Kanakalakshmi et al., [15] mentioned that 30% of patients obtained less than 50% of the knowledge score regarding the complication. Regarding the caregivers' knowledge, Fathia [11] reported that less than half, 40% of them, have unsatisfactory knowledge about the meaning and reason for immobility, the majority 63.3% have unsatisfactory knowledge regarding factors affecting immobility, and the majority 80%, had inadequate knowledge about the prevention of bed sore and more than half of the patients (56.6%, 56.6% and 53.3%) had inadequate practice on preventing joint deformity, deep venous thrombosis and maintenance of healthy diet respectively. Haug et al., [14] Healthcare professionals recognized that inadequate staffing, lack of types of equipment and specialized clinical knowledge and skills were found to be the major barriers to providing quality care to patients with traction. Alsarireh and Eshah [16] noted that the majority, 64% of the patients, had severe pain most of the time in the first 24 hours after the skin traction application. Poor pain management negatively affects patients' ability to perform activities in bed, get sleep, and stay asleep. The score on knowledge about fracture was found to be inadequate (2.51 ± 0.89). According to Swati [9], 96% of the patients responded correctly to the definition of fracture, preferred treatment, necessity of hospitalization, and type of fractures.

In the present study, it was evident from the results that the Mean and SD of the overall attitude score of respondents were 30.06 ± 5.20 . The majority, 66.6% of the respondents, had favourable attitudes regarding traction. The knowledge and attitude score of patients on traction is positively correlated. Mohsen & Moradi [10] reported that the total Mean score in quality of traction care was 10.20 ± 2.64 . The traction application quality was good in more than half (55%) of the patients, and the majority (96%) were aware of the traction care. The quality of care of patients with traction helps improve the attitude towards

self-care and mobility during the traction period. This shows that the patient had better knowledge regarding the traction and had a favourable attitude towards traction; this helps the patients to aid in effective self-care and early recovery.

The current study showed a significant association between knowledge score and demographic variables, including age, religion, educational status, family income, occupation, and duration of traction. In other studies, Kanakalakshmi et al., [15] identified that age and education status were significantly associated with level of knowledge at $p < 0.05$. Saroja [12] mentioned that the knowledge scores and selected demographic variables such as age, gender, education status, monthly income, religion, and type of diet had significant association at $p < 0.05$. In this study, it was found that there was a significant association between attitude score and the residence of the patient.

5.1. Limitations

- The study was done on only 60 subjects; hence, generalization is possible only for the selected participants.
- The setting of the study was chosen due to the research feasibility and not by random. Due to this logical limitation, the finding can be generalized only to the related sample.

5.2. Implication to Nursing

Nursing students should be taught how to check the pin site for infections, the integrity of the skin of the affected limb before and after applying traction, and the likelihood of skin disintegration, particularly around bony prominences. Evaluate the muscle strength, tone, and mobility in the affected and unaffected areas; monitor the respiratory status, taking note of the rate and pattern of respiration, lung sounds, and ability to cough and breathe deeply; and evaluate the neurovascular status of the affected limb. Finally, the mental status is evaluated, taking note of the level of orientation, adaptive coping, and behaviour. Students should be taught the correct limb alignment, ropes, pulleys, and weights. Nurses should ensure effective traction by properly positioning the leg in the neutral position, avoid turning from side to side to prevent bony fragments from moving against one another, avoid wrinkling and slipping of traction bandage, and never removing the weight unless indicated. Inspect the pin site every eight hours and provide pin site care.

Nurses need to teach clients about active exercises such as calf muscle pumping activity for affected and unaffected lower limbs as indicated. Encourage the use of a trapeze for easy mobility and encourage deep-breathing exercises. Increase the client's daily fluid intake to 2,000 to 2,500 ml to prevent constipation and offer a balanced meal rich in calcium and fibre. Nurses must be sure to take measures to prevent complications of immobility, such as deep vein thrombosis during traction, and they should look for discomfort or infection at the skeletal traction sites. Regularly inspect the ropes, pulleys, and weights of the traction system.

6. Conclusion

When operational fixation for fractures is unavailable for an extended period, traction is commonly used as a temporary method to manage and realign fractured bones. The study assessed patients' knowledge and attitudes regarding traction and its role in fracture management. The findings revealed that most patients had a moderately adequate understanding of traction, essential for proper treatment adherence. Additionally, most patients exhibited a favourable attitude toward using traction, suggesting that their perception of this treatment method was generally positive. The study further identified a positive correlation between the patients' knowledge and attitude toward traction. This implies that patients more knowledgeable about the procedure tend to have a more favourable attitude, which is important for compliance with the treatment plan. The study highlights the importance of patient education in improving both understanding and attitudes, as it reduces complications and enhances the quality of care. Raising awareness about traction among patients with fractures is essential for better patient outcomes. Educating patients about the purpose and benefits of traction can help reduce anxiety, promote treatment adherence, and ultimately lead to quicker recovery. By ensuring that patients have the necessary knowledge, healthcare providers can improve the overall quality of care and minimize the risks associated with traction therapy.

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