



Evaluation on the Training Needs of Bone Marrow Transplantation Nurses

Evaluation Methodology Report



Evaluation on the Training Needs of Bone Marrow Transplantation Nurses

Evaluation Methodology Report

The following chapter shall demonstrate the careful and systematical collection of data and how the evaluation team will gather the information which will then be presented in the findings of the evaluation final report.

The main goal of evaluating the training needs of bone marrow transplantation nurses as a part of our project is to get a determined overview on the deficits and on the not so much considered content during the education as a BMT nurse.

On the other hand it is essential to get an overview on the training methods in which the nurses were educated. Since our project group is developing an eLearning platform, it is necessary to be aware of the experience and also the willingness working with electronic media when it comes to advanced vocational training.

01) Organisation

The questionnaire with the title *Evaluation on the Training Needs of Bone Marrow Transplantation Nurses* was originally set up as an online questionnaire. To do so, the Open Source-Software *LimeSurvey* was used.

However, in case of access problems it is still possible to distribute the questionnaire in paper form via mail. We also do telephone calls to avoid any possible misunderstandings and to launch further information on an administrative basis. We do not lead any telephone interview; all relevant and later evaluated data is submitted handwritten by paper form or electronically via the online form.

The participating nurses were contacted by email, mail and phone. The key persons for getting in contact with the participating nurses are the administrative staff within the nursing- and BMT centres. We started to distribute the link for the online questionnaire as well as the paper form with the beginning of April 2011 and originally planned to terminate data collection until the end of May 2011. It turned out, that the written questionnaire is more requested than the online form, which maybe had to do with technical restrictions within the hospital network. Being a more time-consuming method collecting the data by paper and due to insufficient number of feedback because of that, the deadline for the collection of the data was shifted to 31th August 2011.

Depending on the nationalities of the partners in our project the questionnaire is published in five different languages: English (default language), Czech, German, Turkish, and Spanish. The nationality of any respondent will later be determined by the chosen language in which the questionnaire is filled. Every project partner is responsible to distribute and collect the questionnaire in their respective area and language for then sending the filled forms to P3 who is in charge of compiling and evaluating the data.

02) Intention and Design

The questionnaire is anonymous, in no way it is possible to link the results to any specific respondent. Nevertheless it will be one of our main goals to evaluate the outcome of the topical sections depending on some personal data. As part of our personal questions we ask about the age and the gender to get a demographical output, mainly to evaluate any dependence between age and learning preferences for example.

Also the nursing experience on different working areas alongside with the nursing education are two main aspects to be considered when analyzing different educational habits in different European regions.

So the first topical section of our questionnaire deals with given topics that were defined by P2 on the base of experience in the field of pediatric bone marrow transplantation. The outcome should be if (and to which extend) these topics were already part of the primal education schedule. We are asking for the **knowledge level** on a five-array-question which answering options ranging from “No Idea” to “Very good Knowledge”.

Since we also need to know about the **preferred method of learning** concerning to the same topics, we put on a dual scale question making it much easier to fill-out the form. In that second scale we are asking by a multiple choice question, giving the respondent five answering options: a) lecture/conference b) written material c) case discussions d) audio-visual material e) from a colleague/senior nurse.

In the second topical section of our questionnaire we are asking about the **working experience**. Again we are asking about a wide range of specific fields of different working areas. The given answers of the six-array-question range from “No Experience” to “Very good Experience”.

Since we are also distributing the questionnaire as a paper form, none of the questions in the questionnaire is supposed to be a mandatory question. It means that because on reasons of reliability there is still the option of *not answering* any question on any reason by either leave default answer checked (online form) or mark the “no answer”-option (paper form).

03) Transmitting the Data

As already mentioned, respondents have two different options of answering the questions of our questionnaire. Choosing the electronic form which was developed with the data collection tool *LimeSurvey* means that all data is almost ready for final evaluation because of an integrated option of Lime Survey which allows to export the collected data into the different file formats of the spreadsheet programs *Microsoft Excel* and *SPSS Statistics*, for this will be the main evaluating tools to bring out the findings.

In case of a filled out paper form, it is the evaluation team which transmits the data into the Microsoft Excel and SPSS Statistics sheets. To avoid any transmitting mistakes, this work is checked by two different members of the evaluating team.