

# Glossary

**Blinding (masking):** in an experimental study, refers to whether patients, clinicians providing an intervention, people assessing outcomes, and/or data analysts were aware or unaware of the group to which patients were assigned. In the design section of *Evidence-Based Nursing* abstracts of treatment studies, the study is identified as *blinded*, with specification of who was blinded; *unblinded*, if all parties were aware of patients' group assignments; or *unclear* if the authors did not report or provide us with an indication of who was aware or unaware of patients' group assignments.

**Concealment of randomisation:** concealment of randomisation is specified in the design section of *Evidence-Based Nursing* abstracts of treatment studies as follows: *allocation concealed* (deemed to have taken adequate measures to conceal allocation to study group assignments from those responsible for assessing patients for entry in the trial [ie, central randomisation; sequentially numbered, opaque, sealed envelopes; sealed envelopes from a closed bag; numbered or coded bottles or containers; drugs prepared by the pharmacy; or other descriptions that contain elements convincing of concealment]); *allocation not concealed* (deemed to have not taken adequate measures to conceal allocation to study group assignments from those responsible for assessing patients for entry in the trial [ie, no concealment procedure was undertaken, sealed envelopes that were not opaque or were not sequentially numbered, or other descriptions that contained elements not convincing of concealment]); *unclear allocation concealment* (the authors did not report or provide a description of an allocation concealment approach that allowed for the classification as concealed or not concealed).

**Confidence interval (CI):** quantifies the uncertainty in measurement; usually reported as 95% CI, which is the range of values within which we can be 95% sure that the true value for the whole population lies.

**Ethnography (ethnographic study)<sup>1</sup>:** an approach to inquiry that focuses on the culture or subculture of a group of people, with an effort to understand the world view of those under study.

**Fixed effects model<sup>2</sup>:** gives a summary estimate of the magnitude of effect in meta-analysis. It takes into account within-study variation but not between-study variation and hence is usually not used if there is significant heterogeneity.

**Hazard ratio<sup>3</sup>:** the weighted relative risk over the entire study period; often reported in the context of survival analysis.

**Intention to treat analysis (ITT):** all patients are analysed in the groups to which they were randomised, even if they failed to complete the intervention or received the wrong intervention.

**Number needed to harm (NNH)<sup>4</sup>:** number of patients who, if they received the experimental treatment, would lead to 1 additional person being harmed compared with patients who receive the control treatment; this is calculated

as 1/absolute risk increase (rounded to the next whole number), accompanied by the 95% confidence interval.

**Number needed to treat (NNT):** number of patients who need to be treated to prevent 1 additional negative event (or to promote 1 additional positive event); this is calculated as 1/absolute risk reduction (rounded to the next whole number), accompanied by the 95% confidence interval.

**Odds ratio (OR):** describes the odds of a patient in the experimental group having an event divided by the odds of a patient in the control group having the event or the odds that a patient was exposed to a given risk factor divided by the odds that a control patient was exposed to the risk factor.

**Purposeful (purposive) sampling<sup>1</sup>:** a type of non-probability sampling in which the researcher selects study participants on the basis of personal judgment about which ones will be most representative of a specific population.

**Random effects model<sup>2</sup>:** gives a summary estimate of the magnitude of effect in meta-analysis. It takes into account both within-study and between-study variance and gives a wider confidence interval to the estimate than a fixed effects model if there is significant between-study variation.

**Relative benefit increase (RBI):** the proportional increase in the rates of good events between experimental and control participants; it is reported as a percentage (%).

**Relative benefit reduction (RBR):** the proportional decrease in rates of good events between experimental and control participants; it is reported as a percentage (%).

**Relative risk (RR):** proportion of patients experiencing an outcome in the treated (or exposed) group divided by the proportion experiencing the outcome in the control (or unexposed) group.

**Relative risk increase (RRI):** the proportional increase in bad outcomes between experimental and control participants; it is reported as a percentage (%).

**Relative risk reduction (RRR):** the proportional reduction in bad outcomes between experimental and control participants; it is reported as a percentage (%).

**Weighted mean difference<sup>2</sup>:** in a meta-analysis, used to combine outcomes measured on continuous scales (eg, height), assuming that all trials measured the outcome on the same scale; the mean, standard deviation, and sample size of each group are known, and weight given to each trial is determined by the precision of its estimate of effect.

1 Polit DF, Beck CT, Hungler BP. *Essentials of nursing research: methods, appraisal, and utilization*. Fifth edition. Philadelphia: Lippincott, 2001.

2 Clarke M, Oxman AD, editors. Glossary. *Cochrane reviewers' handbook* 4.1.2 (updated March 2001). In: *Cochrane Library*. Oxford: Update Software. Updated quarterly.

3 Guyatt G, Rennie D, editors. *Users' guides to the medical literature. A manual for evidence-based clinical practice*. Chicago: American Medical Association, 2002.

4 Sackett DL, Haynes RB, Guyatt GH, et al. *Clinical epidemiology: basic science for clinical medicine*. Second edition. Boston: Little, Brown and Company, 1991.