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 *blinded (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.

Constant comparison:[1] a procedure used in qualitative research wherein newly collected data are compared in an ongoing fashion with data obtained earlier, to refine theoretically relevant categories.

Fixed effects model:[2] 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.

Grounded theory:[1] an approach to collecting and analysing qualitative data with the aim of developing theories grounded in real world observations.

Inception cohort: a defined, representative sample of patients is assembled for a study at a common (ideally early) point in their disease or condition and followed up over time.

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):[3] 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.

Phenomenology:[1] an approach to inquiry that emphasises the complexity of human experience and the need to understand that experience holistically as it is actually lived.

Quasi-randomised study: participants are not randomly allocated to groups, but some other form of allocation is used (eg, day of the week, month of birth).

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 risk (RR) (risk ratio): 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 (%).

Standardised mean difference:[2] in a systematic review, a way of combining the results of studies that may have measured the outcome (eg, pain) in different ways, using different scales; effects are expressed as a standard value, with no units (difference between 2 means / estimate of within group standard deviation).

Symbolic interaction:[1] a qualitative research method that focuses on the way in which people make sense of social interactions and the meanings they attach to social symbols such as language.

Theoretical sampling:[1] in qualitative studies, selection of study participants based on emerging findings to ensure adequate representation of important themes.

Weighted: statistical analysis accounts for differences in certain important variables.

Weighted mean difference:[2] 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, Hungler BP. *Essentials of nursing research: methods, appraisal, and utilization*. Fourth edition. Philadelphia: Lippincott, 1997.

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

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Notes