**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.

**Conversation analysis:** examines the organization and structure of conversation, including all that is said.

**Crossover trial:** a method of comparing 2 interventions in which patients are switched to the alternative intervention after a specified period of time.

**Data saturation (saturation, redundancy):** process of collecting data in a qualitative research study to the point where no new themes are generated.

**Ethnography (ethnographic study):** 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.

**Ethnography:** an approach to inquiry that focuses on the organization and structure of conversation, including all that is said.

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

**Hazard ratio:** 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.

**Nest case control study:** a case control study done within a prospective cohort study.

**Nominal group technique:** a highly structured group process that provides an orderly procedure for obtaining qualitative information from specific groups who are closely associated with the area of interest.

**Number needed to harm (NNH):** 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.

**Power:** the ability of a study to detect an actual effect or difference between groups; it has to do with the adequacy of sample size. Before a study begins, researchers often calculate the number of participants required to detect a difference between 2 groups. If a study has insufficient power (ie, sample size is too small), actual differences between groups may not be detected.

**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 (%).

**Receiver operating characteristic (ROC) curve:** an analysis used to assess the clinical usefulness of a diagnostic or screening test. It yields a score that has the highest rates of both sensitivity and specificity with respect to a diagnosis – that is, a score that will give the maximum rate of accurate classifications.

**Standardised mean difference:** 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).

**Weighted mean difference:** 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.

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