## Glossary

Axial coding<sup>1</sup>: second level of coding in a grounded theory study that involves categorising, recategorising, and condensing first level codes by connecting categories and subcategories.

**Blinding (masking):** in an experimental study, refers to whether patients, clinicians providing an intervention, people assessing outcomes, and/or statisticians 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 will be 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; 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 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).

**Concept map (schematic model)**<sup>1</sup>: representation of concepts in a figure, using boxes, arrows, and other symbols.

**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.

**Diagnostic (gold or criterion) standard**: the current best available measure of an outcome; used for assessing properties of a new diagnostic or screening test. The results from a new test are compared with the results from the diagnostic standard to assess the usefulness of the new test (ie, its sensitivity, specificity, and likelihood ratios).

**Giorgi's method**<sup>2</sup>: an approach to the analysis of phenomenological data that involves 4 steps: (1) reading the text to get a sense of the whole; (2) dividing the text into meaning units; (3) transforming the language of the participants into disciplinary language (eg, nursing); and (4) synthesising the structure to describe its essence.

**Grounded theory**<sup>1</sup>: an approach to collecting and analysing qualitative data with the aim of developing theories grounded in real world observations.

**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.

**Likelihood ratio (for positive and negative results)**<sup>3</sup>: a way of summarising the findings of a study of a diagnostic test for use

in clinical situations where there may be differences in the prevalence of the disease. The likelihood ratio for a positive test is the likelihood that a positive test result comes from a person that really does have the disorder rather than one that does not have the disorder (sensitivity/1-specificity). The likelihood ratio for a negative test is the likelihood that a negative test result comes from a person with the disorder rather than one without the disorder (1-sensitivity/specificity).

**Linear analysis (regression)**: a statistical technique for determining the relation (prediction equation) between 2 continuous variables.

**Multivariate analysis**<sup>4</sup>: analysis involving multiple independent or dependent variables.

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.

**Open coding**<sup>1</sup>: first level of coding in a grounded theory study, consisting of basic descriptive coding of narrative content.

**Phenomenology**<sup>1</sup>: 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; reported as a percentage (%).

**Relative risk (RR)**: risk of adverse effects with a treatment relative to risk for those who do not receive treatment.

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

**Sensitivity**<sup>5</sup>: a measure of a diagnostic test's ability to correctly detect a disorder when it is present in a sample of people.

**Specificity**<sup>5</sup>: a measure of a diagnostic test's ability to correctly identify the absence of a disorder in a sample of people who do not have the disorder.

**Stratified randomisation**<sup>6</sup>: used in trials to ensure that equal numbers of participants with a particular characteristic (eg, age) are allocated to each comparison group.

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

- 1 Polit DF, Hungler BP. Essentials of nursing research: methods, appraisal, and utilization. Fourth edition.
- 2 Webb C. Information point: Colaizzi's framework for analysing qualitative data. J Clin Nurs 1999;8:576.
- Streiner D, Geddes J. Some useful concepts and terms used in articles about diagnosis [editorial]. *Evidence-Based Mental Health* 1998 Feb;1:6–7.
   Dawson-Saunders B, Trapp RG. *Basic and clinical biostatistics*. Norwalk:
- Appleton and Lange, 1994. 5 Sackett DL, Haynes RB, Guyatt CH, et al. *Clinical epidemiology:basic science for*
- Stacket DL, Haynes KB, Guyat CH, et al. *Chintuk epiaemology. Jours vience for clinical medicine*. Second edition. Boston: Little, Brown and Company, 1991.
  Mulrow CD, Oxman AD, editors, *Cochrane Collaboration handbook* (undated)
- 6 Mulrow CD, Oxman AD, editors. Cochrane Collaboration handbook (updated September 1997). In: Cochrane Library, 4, 1997. Oxford: Update Software.