Glossary

Adjusted analysis[1]: when groups differ on baseline characteristics (eg, age), analyses of outcome data are statistically modified to account for these differences.

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.

Cohort study: a group of people with a common characteristic or set of characteristics are followed up for a specified period of time to determine the incidence of some outcome; there is no comparison group.

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[2]: 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.

Discourse analysis[3]: a qualitative method of investigation focused on the representation and creation of meaning through language and visual imagery. A discourse is defined as a patterned way of representing phenomena in social and material worlds.

Effect size[4]: a measure of effect that is typically used for continuous data when different scales are used to measure an outcome and is usually defined as the difference in means between the intervention and control groups divided by the standard deviation of the control or both groups; it can be used for combining results across studies in a meta-analysis.

Ethnography (ethnographic study)[2]: 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.

Factorial design[2]: a design where 2 independent variables are simultaneously manipulated; it permits analysis of the main effects of the independent variables separately plus the interaction of these variables.

Heterogeneity[4]: the degree to which the effect estimates of individual studies in a meta-analysis differ significantly.

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.

Meta-analysis[1]: a method for combining the results of several independent studies that measure the same outcomes so that an overall summary statistic can be calculated.

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.

p Value: a statistical value which relates the probability that the obtained results are due to chance alone (type I error); a p value < 0.05 means that there is less than a 1 in 20 probability of that result occurring by chance alone under the null hypothesis that there is no difference in the populations.

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 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 (%).

Stratified randomisation[4]: used in trials to ensure that equal numbers of participants with a particular characteristic (eg, age) are allocated to each comparison group.

Symbolic interaction[2]: 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.

1 Dawson-Saunders B, Trapp RG. *Basic and clinical biostatistics*. Norwalk: Appleton and Lange, 1994.

2 Polit DF, Hungler BP. *Essentials of nursing research: methods, appraisal, and utilization*. Fourth edition. Philadelphia: Lippincott, 1997.

3 Barclay L, Lipton D. The experiences of new fatherhood: a socio-cultural analysis. *J Adv Nurs* 1999;**29**:1013–20.

4 Clarke M, Oxman AD, editors. Cochrane reviewers' handbook 4.0 (updated July 1999). In: *Cochrane Library*. Oxford: Update Software.