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.

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

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: 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.

Fixed effects model: 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: the weighted relative risk over the entire study period; often reported in the context of survival analysis.

Heterogeneity: 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.

Log rank test: a statistical method for comparing 2 survival curves when censored observations exist.

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.

Random effects model: 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 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 (%).

Sensitivity: a measure of a diagnostic test’s ability to correctly detect a disorder when it is present in a sample of people.

Specificity: 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.

Triangulation: use of multiple methods or perspectives to collect and interpret data about some phenomenon, to converge on an accurate representation of reality.