Blinding (masking): in an experimental study, refers to whether patients, clinicians providing an intervention, people assessing outcomes, and/or data analysts were aware of 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 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, conceal allocation] (the authors did not report or provide a description of an allocation concealment approach that allowed for the classification as concealed or not concealed)); 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.

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

Effect size: 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 within-group standard deviation). Differences in the prevalence of the disease. The likelihood ratio for a 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].

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.

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 (%).

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.

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).