Glossary of Research Terms

|  |  |
| --- | --- |
| **Anonymity** | Anonymity means that a research participant's identity and responses cannot be identified. |
| **Coercion** | Coercion occurs when an overt or implicit threat of harm is intentionally presented in order to obtain compliance from a participant. For example, an investigator might tell a prospective subject that he or she will lose access to needed health services if he or she does not participate in the research. |
| **Confidentiality** | The idea that, apart from where necessary in order to conduct the research all personal details of the participant should be kept private by the researcher and not disclosed to any third party. |
| **Confounding** | Confounding happens when it wrongly appears that a certain thing – let’s call it factor A causes factor B to happen.  The reason this has come about is because a third factor – factor C - ‘the extraneous variable’ is associated with both factor A and factor B and making it seem like these two things are connected even when they are not. |
| **Extraneous variables** | These are any variables that you are not intentionally studying in your experiment. They might have an influence on the outcome you are studying. |
| **Generalisability** | Can the findings from your study be generalised (or extended) to the real world? How generalizable your study is, also has a lot to do with how representative your sample is of the target population. If you want to look at the prevalence of depression in South East London but your sample only includes men aged 20-30, then your findings won’t be very generalizable to the rest of South East London and cannot be extended to women, children and men of different ages. |
| **Health inequalities** | Defined as differences in health status or in the distribution of health determinants between different population groups. For example. The difference in healthy life expectancy between different boroughs in London. |
| **Healthy life expectancy** | Years spent in good health. |
| **Informed consent** | Informed Consent is a voluntary agreement to participate in research. It is not merely a form that is signed but is a process, in which the subject has an understanding of the research and its risks. |
| **Prevalence** | Prevalence is the proportion or percentage of a population who have a specific characteristic or health status at a particular time. |
|  |  |
| **Qualitative designs** | Qualitative research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research. Qualitative designs describe data using words. Data collection includes interviews, observation and focus groups. |
| **Quantitative designs** | Collecting numerical data which can be ranked, put into categories, or measured in units. These can be presented in graphs and tables. Quantitative data can be used to test different explanations or hypotheses. Data collection includes questionnaires and surveys. |
| **Reliability** | This refers to the consistency of the measure you are using in your study. For example, if you had scales which measured weight differently each time you used them, this would not be a very reliable measure. |
| **Research ethics** | Research Ethics is a world-wide set of principles governing the way any research involving interaction between the researcher and other humans or human tissue or data relating to humans, is designed, managed and conducted. |
| **Research question** | The specific question you are trying to answer through carrying out your research. |
| **Reverse Causality** | When two things are found to be correlated with each other – this means they happen together, it’s not always possible to tell whether factor A caused factor B or if it was the other way round – it was actually factor B which caused factor A to happen. |
| **Social determinants** | The social determinants of health are the economic and social conditions that influence individual and group differences in health status. |
| **Undue influence** | Undue influence, by contrast to coercion, often occurs through an offer of an excessive or inappropriate reward for participation. |
| **Validity** | This means that your research design is measuring what you intend it to measure. For example, if you design a survey measuring intelligence, it should measure intelligence and not something else such as memory. |