

"Using Rayyan's functionalities beyond title and abstract screening: developing guidelines for textual analysis"

Ana Tomičić Anamaria Malešević Anto Čartolovni

Regardless of whether a literature review is narrative, exploratory or systematic, it draws on a large number of research studies as input. Its scope and methodological requirements are such that carrying it out requires the involvement of various stakeholders (often a team of researchers) and a significant time commitment. Fortunately, there are today several types of software that assist scholars in the analysis process. For our exploratory review of the literature on the ELSI of Digital Phenotyping in healthcare, our research team has identified a free online software to assist in the analysis process, Rayyan QCRI (Ouzzani et al, 2016).

In the initial phase (title and abstract screening), Rayyan proved to be stable, useful, efficient and user-friendly, and shortened the time required for the selection stage of our scoping review. Once a successful double-blind screening of titles and abstracts was completed, the research team agreed to further explore Rayyan's functionalities with the aim of adapting them to the second phase of the analysis: the charting of data and data extraction. In an effort to communicate our experience of using Rayyan for the second phase of our scoping review to the scientific community, and to encourage a discussion about Rayyan's further developments, we have chosen to publish this short manual. As there are existing tutorials for the first phase (ibid) that new users can refer to, we will only focus here on the second phase of full-text screening, addressing scholars who are already familiar with Rayyan for title and abstract screening.

Steps for the second phase of a literature review using Rayyan:

- 1. Once the first phase of the analysis has been completed, a selection of the main sources should have been established, as previously selected sources will be analysed in the second phase.
- 2. Retrieve available PDFs for all selected publications. Proceeding with the PDF search at this stage will avoid the burden of having to exclude publications for which your research team was not able to find available full texts.
- 3. Extract the references of included articles selected over the first phase in EndNote, ris format, or other depending or your reference manager. You can do so as outlined in Fig. 1 you will receive a download link from Rayyan in your registration email.



Fig. 1



- 4. Merge your .ris files into a single library in your reference manager (JabRef, Zotero, etc).
- 5. Add your snowballing references to that library. You can alternatively upload additional references into Rayyan at a later stage.
- 6. Extract the new (merged) library.
- 7. Upload it into a "New Review" in Rayyan. Name it accordingly.
- 8. Invite (a) collaborator (s)
- Upload PDFs (Public/Private) if you are unsure about copyrights, we recommend choosing the "private" option.
 You can upload PDFs in bulk. Simply select several references or articles at once using your keyboard and mouse or just the keyboard as explained here (https://rayyan.qcri.org/guides/keyboard) and then click on "Download full text
- PDFs". You can then download the PDFs from your local drive and associate each title with the correct file name.
 10. As each literature review has its own organisational structure (no fixed framework), a functionality that allows for such flexibility comes in handy. Making use of the "Labels"
- functionality that allows for such flexibility comes in handy. Making use of the "Labels" functionality to articulate and link all the literature items together will allow for a clear and comprehensive data charting you can update as you go. The Labels become your codes/indicators, as shown in Fig.2 and Fig.3



Fig. 2 – Label list indicating the number of publications labelled as such.

Labels	_
PUBL – ART AT	119
<u>BENEF – Patient AT</u>	112
<u>PS – Napisat koja AT</u>	97
<u>EP – Quality of life AT</u>	72
ETH ISSUE – Ex-Ante AT	67
ETH ISSUE - Privacy AT	67
<u>Country – USA AT</u>	60
TECH – PRIV SECT AT	59
<u>FA – General health AT</u>	57
<u>ETH ISSUE – Ex-Post AT</u>	55
MED DEV- N AT	53
<u>BENEF – Industry AT</u>	53
EP Information AT	50
TAG QUAL AT	48
<u>USER – FM AT</u>	48
<u>DGN – Theoretical AT</u>	48
<u>FA – Physical health AT</u>	47
<u>FA – Mental health AT</u>	46
LONG – N AT	43
DGN – Empirical/Descriptive AT	43
<u>DS – Interdisciplinary AT</u>	41
ELS ISSUE AT	39
<u>BENEF – Research AT</u>	37
LEG ISSUE - Unregulated AT	36
ETH ISSUE – Novelty/Lack of research AT	36
<u> EP – Goal setting Behaviavioural changes AT</u>	35
DGN – Empirical/Quasi-Experimental AT	35
SOC ISSUE – Adoptability AT	35
MED DEV - ? AT	33

Fig.3. - Label list as seen within the publication window with blind mode on (only one reader's labels are visible)

2021-02-15: Di	git-HeaL_Digital Phenotyping	Second P	hase of Ar	nalysis	Blind ON	
		Detect duplicates	Compute ratings	Export	New search	All reviews
Showing 1 to 2 of 9 unique e		S	earch: dig	gital phenotypin	g	
Date 🔶	Title			Au	thors	🗧 Rating 🔶
2018-01-01 🚺 🗹	Ana ELS ISSUE_AT MED DEV- N_AT PUBL - ART_AT Country - USA_AT BENEF - Patient_AT BENEF - Soci BENEF - Research_AT TECH - Smartphones_AT TECH TECH - PUBL SECT_AT DGN - Theoretical_AT LEG IS PS - Napisat koja_AT FA - Mental health_AT ETH ISS FA - General health_AT BENEF - Practitioner_AT DP EP - Quality of life_AT LEG ISSUE - Unregulated_AT SOC ISSUE - Transparency_AT SOC ISSUE - Inequality	MED DEV - Y_AT lety_AT BENEF - Int I - PRIV SECT_AT SUE - Privacy_AT SUE - Consent_AT - Digital phenotype_ DS - Interdisciplinar	AT			

11. For consistency, note that each collaborator must insert the same label list (on which they will have previously agreed upon, and expand it along the analysis). We have found it useful that each collaborator appends the name of the indicator with their



initials/name, so that once the blind mode is lifted, and both readers' indicators (labels) become visible for each publication, it remains clear which collaborator labelled the publications with said indicator (Fig.4). That will simplify the comparison phase.

Fig. 4

2021-02-15: Digit-HeaL_Digital Phenotyping_Second Phase of Analysis Blind OFF						
		Detect duplicates	Compute ratings	Export	New search	All reviews
Showing 1 to 7 of 147 unique			Search: id	or title or abstra	act or author	
Date 🝦	Date 🍦 Title		\$	Authors	\$	Rating 🔶
2017-01-01 💦 🕅	PUBL-ART, AM LONG - N_AT USER - FM_AT Country PUBL - ART_AT DS-psychology_AM DIG DIV - RACE Country - USA_AT SOC ISSUE - Harm_AT BENEF - R ETH ISSUE- Ex-post_AM SOC ISSUE - Status_AT DP- PS - Napisat koja_AT FA - Mental health_AT SOC ISSUE - Ex-Ante_AT DP - Mobile sensing_AT ETH ISSUE - Ex-Ante_AT TECH-wearable cameras_AM	ry-USA, AM _AT MED DEV - ? _A esearch_AT Quantified Self_AM ISUE - Security_AT	T Brown, Nico	ılas A.; Bla	ıke, An	

12. In the "Notes" button of each publication: readers can copy the excerpt that corresponds to an indicator and paste it into the Notes section. They will write down the name of the corresponding indicator (code). The name of the collaborator who made the note will automatically appear upon saving the note. Collaborators will not be able to see each other's notes until the blind mode is lifted, as shown in Fig. 5.



Laboratorij za etiku digitalnih tehnologija u zdravstvu

Fig. 5

Ana Anamaria PUBL-BCH_AM TAG QUAL_AT ELS ISSUE_AT LONG - Y_AT T PS-research_AM DIG DIV - ED_AM MED DEV - N, AM PUBL - BCH_AT DP - Innernet_AT MED DEV - Y_AT BENEF-Industry,AM Country-France_AM EP_Information_AT TECH - Glasses_AT TECH - armband_AT TECH-priv sect_AM BENEF- Govrment_AM EP - Autonomy_AT						
 Include ? Maybe Exclude Reason Label Add Note Highlights ON Department of standards in order to be recognized as medical devices, which entails both the challenges of regulation but also interoperability between devices 11. (a) [Anamaria] LEG ISSUE - confidentiality- For patients, the major challenge of mhealth is to "develop digital literacy" especially concerning the mastery of the advanced functions of digital devices in terms of confidentiality and the protection of personal data. 13. (a) [Anamaria] PS - We have also sought to explain the necessity of developing, by completing a critical analysis of dominant technologies in the m-health sector, a form of participative research, falling along the lines of project research. It would make it possible to address the current problems of doctors and patients, whose relationship is transformed by the surge in connected objects, in order to offer alternative solutions. 14. (a) [Anama [EP_Information_AT and EP - Goal setting_Behaviavioural changes_AT : two information design trends in the Quantified Self: the first is created from a design centered on performance, while the second claims to be contemplative design 						

13. After each completed publication analysis, readers will label it with the "include" button – this will give an overview of work progress, as seen below in Fig. 6.



Fig.6

- 14. Once all references are "Included", the blind mode can be lifted and readers can proceed with conflict resolution and discuss disagreements.
- 15. Data extraction can be done by selecting the label (one or many) within the label list and pasting it into excel for descriptive analysis, as shown in Fig. 7.



Laboratorij za etiku digitalnih tehnologija u zdravstvu

Fig.7

) - උ බ ය රා ජ	5 ₹		
	Home Insert Draw F	age Layout	Formulas	D
	Verdana	• 13 • A	A ▼ =	=
F	Paste S I U V	•		Ξ
A	1 $\frac{1}{\sqrt{2}}$ \times $\sqrt{f_x}$ AG	<65_AT		
	А		В	C
1	<u>AG - <65 AT</u>		8	
2	<u>AG – <65 AT</u>		15	
3	<u>AG – ≥65 AT</u>		9	
4	BENEF - Insurance companie	es AT	1	
5	BENEF - Economy AT		6	
6	BENEF - Employer AT		5	
7	BENEF – Governement AT		3	
8	BENEF – Industry AT		14	
9	BENEF – Patient AT		36	
10	BENEF - Patient AT (user)		3	
11	BENEF – Practitioner AT		7	
12	BENEF – Relatives AT		4	
13	BENEF - Relatives/Caregive	rs AT	2	
14	BENEF – Research AT		14	
15	BENEF – Society AT		17	
16	Country - Australia AT		4	
17	Country - Bulgaria AT		1	
18	Country - Canada AT		4	
19	Country - China AT		3	
20	Country - Cyprus AT		1	
21	Country - Denmark AT		1	
22	Country - Finland AT		2	
23	Country - France AT		1	
24	Country - India AT		1	
25	Country - Italy AT		2	
26	Country - Romania AT		1	
27	Country - Sweden AT		1	
28	Country - Taiwan AT		1	
29	Country - UK AT		8	
30	Country - Belgium AT		1	
31	Country - Germany AT		4	
32	Country – Ireland AT		3	
33	Country – Netherlands AT		3	
34	Country - USA AT		14	
35	Country New Zealand AT		1	
36	DGN - Empirical/Descriptive	e AT	16	

Conclusions

Negative aspects:

- i. PDFs cannot be retrieved directly from Rayyan
- ii. Upoaded PDFs are not editable.
- iii. PDFs cannot be autocoded (a function available in Nvivo, for example) and PDF data cannot be used to produce word frequencies nor exported into graphs, word clouds etc.
- iv. Automated functionalities imagined as tools for the first phase of analysis (title and abstract screening), such as *automated rating* have proved useless for the second phase of analysis (textual analysis).
- v. The time count in the screening summary window appears to be inaccurate.



Positive aspects:

- i. Free online software
- ii. A mobile application (link) is available for both OS and Android
- iii. User-friendly
- iv. Can be coherently used as sole software throughout the first and second phase
- v. Allows for blind reviewing in the first and second phase
- vi. Labels can be used as nodes (in Nvivo, for example), but allows for many users to work on a single publication simultaneously without the need for several licences.

Rayyan's functionalities proved to be a flexible and helpful tool for both phases of our scoping review. Several of the negative aspects we highlighted in these guidelines have already been raised by various users on Rayyan's support web pages. We are confident Rayyan's developers will take their user's comments into account in the near future and adapt its functionalities for textual analysis. Until then, Rayyan's flexible toolkit can be tweaked as described to serve this purpose.

Suggestions for further reading:

- Harrison, H., Griffin, S. J., Kuhn, I., & Usher-Smith, J. A. (2020). Software tools to support title and abstract screening for systematic reviews in healthcare: an evaluation. *BMC medical research methodology*, 20(1), 1-12.
- Johnson, N., & Phillips, M. (2018). Rayyan for systematic reviews. *Journal of Electronic Resources Librarianship*, *30*(1), 46-48.
- Kellermeyer, L., Harnke, B., & Knight, S. (2018). Covidence and rayyan. *Journal of the Medical Library Association: JMLA*, *106*(4), 580.

Online resources:

<u>https://rayyan.ai</u> <u>http://support.rayyan.qcri.org/forums/232525-general/filters/new?page=6</u> <u>https://social.rayyan.ai</u>

References

Ouzzani, M., Hammady, H., Fedorowicz, Z. et al. (2016). Rayyan—a web and mobile app for systematic reviews. Syst Rev 5, 210, <u>https://doi.org/10.1186/s13643-016-0384-4</u>