

# CURRENT PERSPECTIVES ON COMMUNICATION AND MEDIA RESEARCH

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# **Social media in shaping health-related norms: A review study and reflection of review**

*Pille Pruulmann-Vengerfeldt and Annamaria Pulga*

## **Abstract**

This paper introduces the use of Preferred Reporting Items for Systematic Reviews and Meta-Analyses, PRISMA, which can be useful both when selecting material for a systematic literature review, and writing the results of a literature review in a research paper. We exemplify our discussion by analyzing existing research relating to social media shaping different norms. Overall, while the underlying paradigmatic thinking related to PRISMA is positivist, we argue that there is also merit in trying to implement the approach in media and communication studies, in conjunction with more critical approaches to literature reviews.

**Keywords:** systematic literature review, social media, health norms, PRISMA, check-list

## 1. Introduction

A layman's assumption would be that social media, through peer pressure but also through the distribution of diverse information sources, would be a good place to shape different norms. Social media, hence, can be seen as a public forum where what is normal is discussed and perhaps decided. At the same time, advances in medical science are allowing more people to survive complex illnesses and, rather than always curing them, making them more manageable. Thus, in society, different health statuses and people with different abilities are able to coexist. They also participate in social media and public discussions that help to shape a new normal that will perhaps accept them better. In order to investigate the role of social media in making and shaping health-related social norms, we wanted to start with a systematic literature review to see what kinds of analysis have examined this issue before us. The addition of the notion of health makes us take a look at this from a medical perspective, where norm-shaping has been investigated from other than the usual media studies perspective and inspired us to undertake a study of the literature following the norms of a medical, rather than a media studies, perspective. The aim of this paper was twofold. First, we wanted to find and analyse how social media have been studied in relation to health-related norms. We wanted to know what kind of health, norms and social media studies are out there, who and what is being studied with what methods, and within what kinds of theoretical frameworks. We deviate from a traditional PRISMA review here, as we are not looking for comparisons or outcomes, as or causal relations, rather we are scoping the field. Secondly, by utilising a systematic literature review approach called Preferred Reporting Items for Systematic Reviews and Meta-Analyses, PRISMA, our second aim became to study the applicability of this approach in media and communication studies.

First, we will introduce the methodology of this article and briefly discuss what PRISMA is and how we went about conducting a study with the help of this approach. Then, we will present the results of our investigation in a table format and discuss the different elements of the table, including timeframe, topic and object of study, how social media are understood in papers, what kinds of studies have been conducted from both methodological and theoretical perspectives. We will wrap up this paper with a brief discussion of how this kind of systematic review approach could also be useful in media studies.

## 2. Method

To describe the methodological approaches to analyzing the interrelation between social norms and social media on health issues, we decided to try out the systematic

review method, which is popular and widely used in medical studies. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations (Moher et al., 2010). PRISMA is an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. It consists of a recommended flow-chart approach where stages of identification, screening, eligibility and inclusion of articles are described (see Moher et al., 2010, Fig. 1) and a 27-item checklist of what a research paper reporting a coherent systematic review needs to contain (Table 1). It is interesting to follow such a step-by-step approach to conduct literature searches as well as follow the 27-item checklist when it comes to quality assessment of the actual written report. We will do our best to follow the transparency guidelines, but as we are not interested in outcomes as such for this pilot, we will also not discuss nor report risk-bias related elements. We will also not discuss publication bias (Dickersin, 2005), although while the lack of no-result publications can be seen as part of the positivist discourse and reflects what is considered science, similar problems can also be part of media studies. Otherwise, the checklist is an interesting approach to a research paper, it reminds authors to report on certain aspects of literature reviews to make them more transparent and relevant in their arguments.

**Table 1. PRISMA 27-item check-list (Moher et al., 2010) comments on media and communication studies applicability from authors**

Section/topic	#	Checklist item	Comments on media and communication applicability
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Applicable
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Applicable with adjustments in accordance with the later parts
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Applicable
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Applicable, PICOS is not always applicable in media studies cases

METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	Not applicable
Eligibility criteria	6	Specify study characteristics (e.g. PICOS, length of follow-up) and report characteristics (e.g. years considered, language, publication status) used as criteria for eligibility, giving rationale.	Not applicable
Information sources	7	Describe all information sources (e.g. databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Applicable
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Applicable
Study selection	9	State the process for selecting studies (i.e. screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Applicable
Data collection process	10	Describe method of data extraction from reports (e.g. piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Most likely not applicable, but good to think about
Data items	11	List and define all variables for which data were sought (e.g. PICOS, funding sources) and any assumptions and simplifications made.	Applicable to the extent of selection criteria applied to the study
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Not applicable
Summary measures	13	State the principal summary measures (e.g. risk ratio, difference in means).	Not applicable if working with qualitative or mixed research approaches
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g. I) for each meta-analysis.	Applicable
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g. publication bias, selective reporting within studies).	Not applicable
Additional analyses	16	Describe methods of additional analyses (e.g. sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Not applicable

RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Applicable
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g. study size, PICOS, follow-up period) and provide the citations.	Applicable based on the criteria selected for the study
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Not applicable
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Applicable based on the criteria selected for the study
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Possible to use if meta-analysis or aggregation is desired
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Not applicable
Additional analysis	23	Give results of additional analyses, if done (e.g. sensitivity or subgroup analyses, meta-regression [see Item 16]).	Not applicable
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g. healthcare providers, users, and policymakers).	Applicable
Limitations	25	Discuss limitations at study and outcome levels (e.g. risk of bias) and at review level (e.g. incomplete retrieval of identified research, reporting bias).	Applicable related to the chosen study approach
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Applicable
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g. supply of data); role of funders for the systematic review.	Applicable, if study was funded externally.

## 2.1 Paper Search Algorithm

The review included papers on social or health issues published between 2007 and 2017, in peer-reviewed journals, and containing the empirical results of original studies. The search for papers was conducted in October 2017, using the Libsearch bibliographic database accessible from Malmö University library. The search was last updated on 23 October 2017.

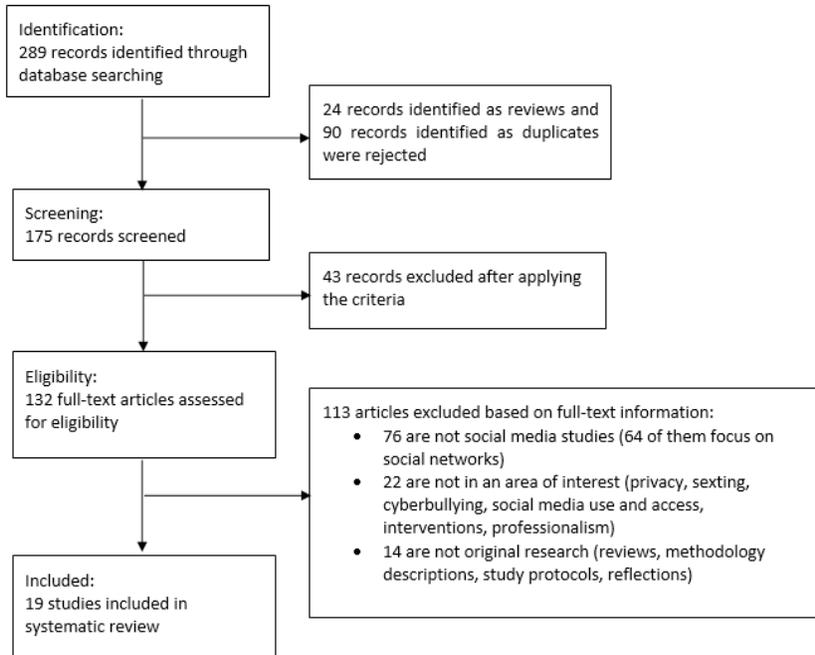
The following criteria were used for including a source in the study:

- The publication date had to be between 1 January 2007 and 22 October 2017;
- Publication had to be in English;
- Publication had to be scholarly and peer-reviewed
- Limited to academic journals
- Sources had to contain data on the methods and results of an empirical study that addressed the interconnection between behaviour norms and social-media networks concerning health issues.

In the process of working with Libsearch electronic bibliography database, the following search sequence was used: “social media” AND social norms AND behaviour AND health. A total of 289 entries were found (see Fig. 1). After applying the sequence NOT review of literature OR literature review OR meta-analysis OR systematic review, 24 of these papers were rejected. Moreover, 90 papers were rejected as duplicates. After the remaining 175 studies were screened for eligibility according to the criteria listed above, based on their titles and abstracts, 132 studies remained. After assessing the complete publication text according to the inclusion and exclusion criteria in the remaining 132 studies, the final corpus included 19 publications, which contained material and original studies on the interrelation between social-media networks and behaviour norms on health issues. Despite the search words, there were a number of reasons to include more articles, e.g. 64 articles were looking at social networks; mostly, those were not mediated and thus not part of the social media that we were interested in.

Annamaria was conducting the actual selection of articles and consulted with Pille when in doubt or when a study was more difficult to identify, e.g. when the discussion was around recommendations on how to use social media to conduct a campaign to change norms or when social media were only one part of a norms-related campaign that was broadcast.

**Figure 1. Four step flowchart illustrating the elimination and selection process of different studies**



### 3. Results

The results of a systematic review are often presented in a table format where all reviewed articles can be found together, as in Table 2. In addition to the selected titles, we also looked at what was measured, what kinds of research questions were investigated, notes and limitations. Those were more text-heavy sections as they also included a discussion and are thus excluded from this presentation.

**Table 2 (next page). Overview of the total sample of 19 articles included in the study from the perspective of different elements in the articles**

Source	Topic of study	Object of study	Social Media Technology	Study Design	Theoretical Framework	Data collection methods	Recruitment/Sampling	Data analysis statistical methods
Nesi, Rothenberg, Hussong, Jackson (2017)	alcohol	adolescents/high school students / six Rhode Island middle schools in rural, suburban and urban areas.	Facebook	Quantitative, longitudinal	1. Social cognitive theory/ 2. Theory of planned behaviour	scheduled 2-hour in-person baseline orientation session and thereafter -> <b>Web surveys</b> initially administered semi-annually and then quarterly/ Data on SNS usage collected on two occasions separated by 1 year.	N= 658 /Taken from an ongoing prospective study on alcohol initiation and progression among adolescents/ high school students	Descriptive/ Multivariate Probit Regression/ Path analysis-mediation model
Wombacher, Reno, Veil (2017)	alcohol	Binge-drinking game on social media NékNomininate	Twitter	Quantitative and qualitative, longitudinal	1. Theory of normative social behaviour/ 2. Framing Theory	Google alert set-up for news stories./ Hashtag #NékNomininate using Topsy/ (1st period 147 tweets, 2nd period 584 tweets, 3rd period 120 tweets)	N= 44 news stories of NékNomininate/ N=851 tweets using the hashtag #NékNomininate	Textual analysis - deductive/ content analysis/ inductive media framing
Boyle, LaBrie, Froidevaux, Witkovic (2016)	alcohol	First-year students at a private, mid-sized university on the west coast of the United States	Facebook/ Instagram/ Snapchat	Quantitative, longitudinal	no results	online survey	N= 412 students	univariate analysis, multivariate analysis/ moderated multiple mediation

Source	Topic of study	Object of study	Social Media Technology	Study Design	Theoretical Framework	Data collection methods	Recruitment/Sampling	Data analysis statistical methods
Walker, Thornton, De Choudhury, Teevan, Bulik, Levinson, Zerwas (2015)	disordered eating	social media activity and health behaviours in college women	Facebook	Quantitative, Cross-sectional	no results	online survey	N= 128 college-aged women/ recruited via a university listserv announcement.	Descriptive; Statistical analysis, SPSS and conducted a series of multiple regressions adjusted for covariates. Post hoc mediation analysis
Carrotte, Yella, Lim (2015)	health and fitness	adolescents and young adults	Social Media (Facebook, Instagram, Twitter)	Quantitative, cross-sectional	no results	online survey	N= 1001 recruited via the 2015 Sex, Drugs and Rock'n Roll study (through social media, ads on Facebook and word of mouth)	logistic regression (both univariate and multivariate), using Stata Version 13.
Wombacher, Reno, Williams, Johnson (2017)	Health and risky behaviours	messages posted to Yik Yak assumingly by undergraduate college students	Yik Yak	Quantitative, Cross-sectional	no results	Schedule of day and time/ screenshots and transcribed the message content into a spreadsheet	N= 3,776 unique messages/ Yaks captured three times a day on four days of the week across two separate weeks	Content analysis
Hanson et al. (2014)	healthcare	patients of a community health centre in the western United States	Social Media	Quantitative, Cross-sectional	Theory of Planned Behaviour	survey questionnaire/ Qualtrics survey software was used to collect data on Apple iPads	N= 444 patients	Descriptive; Statistical analysis using Stata version 12.0 for Mac, Regression analysis

Source	Topic of study	Object of study	Social Media Technology	Study Design	Theoretical Framework	Data collection methods	Recruitment/Sampling	Data analysis statistical methods
Bissonnette-Maheux et al. 2015	healthy eating (prevention of chronic disease)	female users/potential users	blogs written by RDs	Quantitative, Qualitative, Cross-sectional	Theory of Planned Behaviour	semi-structured individual interviews, they also completed a questionnaire and participated in focus groups that were audiotaped and transcribed verbatim.	N= 33 women recruited using the mailing list of the institute on Nutrition and Functional Foods at Laval University, Quebec and ads in local newspapers.	Descriptive statistics and mean $\pm$ SD using SAS version 9.3/ deductive content analysis described by Elo et al. inspired the content analysis of the focus groups, which were transcribed verbatim.
Martinez-Bello, Martin- ez-Rojas, Molina-García (2017)	Physical activity	3 Facebook pages of different universities in the Valencian region/ Photographs and representations of physical activity on the timeline	Facebook	Quantitative, cross-sectional	Social cognitive theory	simple random process	N= 132 photographs, excluded 14	Content analysis/ (Statistical Package for the Social Sciences SPSS version 22 for statistical analysis)
Hanson, Cannon, Burton, Giraud-Carrier (2013)	prescription drug abuse	Twitter networks: tweets and users	Twitter	Quantitative, cross-sectional	Uses and gratification theory	Twitter streaming API	N= 25 networks	algorithm

Source	Topic of study	Object of study	Social Media Technology	Study Design	Theoretical Framework	Data collection methods	Recruitment/Sampling	Data analysis statistical methods
Black, Schmiede, Bull (2013)	Sexual Health	concordance between perceived and actual peer sexual risk and protective behaviour in online social networks	Facebook	Quantitative, Cross-sectional	Theories of Reasoned Action and Planned Behaviour (TRA/TPB)	online survey / baseline behavioural assessment of sexual risk via an online tool generated and delivered through Zoomerang (commercial online survey software program that allows users to create and publish surveys online)	respondent-driven sampling and random N=1,029 persons from 162 virtual networks	ANOVA model
White et al. (2015)	sexual health (HIV)	profiles of MSM on online dating websites	dating/ hookup websites	Quantitative, cross-sectional	no results	2010 HIV surveillance data, the 118 Mean Statistical Areas and Divisions with complete data were ranked by HIV prevalence rate and divided into tertiles,	general sample N=5,588 profiles	Descriptive Statistics, 1. Chi square and Fisher's exact tests 2. logistic regression
Jiang, Beaudoin (2016)	smoking	Chinese Ministry of Health's anti-smoking social media campaign/ China Tobacco Control Media Campaign	microblogs	Quantitative, Cross-sectional	Health behaviour theories and dialogic theory in public relations/ subjective norms, perceived risk and self-efficacy.	collected all tweets from China Tobacco Control Media Campaign page from May 2011 to January 2015	N= 711/ final sample of 616 tweets	Content analysis/ <b>Statistical analysis</b> , Stata 13

Source	Topic of study	Object of study	Social Media Technology	Study Design	Theoretical Framework	Data collection methods	Recruitment/Sampling	Data analysis statistical methods
Yoo, Yang, Cho (2016)	smoking	college students from three U.S. Midwestern universities	Generally social media	Quantitative, cross-sectional	Influence of Pre-sumed Influence model	Web-based survey	N= 366 college students	Path analysis, in Mplus 6.1
Namkoong, Nah, Record, Van Stee (2017)	smoking	Undergraduate students, over the age of 18 with active Facebook accounts, enrolled in a Southeastern university	Facebook	Quantitative, cross-sectional	Multitheoretical framework/ Communication mediation models (O-S-O-R; Orientation-Stimuli-Oriented-Response, O-S-R-O-R; OSOR + Reasoning) and/ Theory of planned behaviour	experiment/ we employed a two-group pretest-posttest experimental design	N= 201 participants/ We recruited undergraduate students enrolled in a Southeastern university via e-mail invitations	Path analysis, using Mplus 6
Rose et al. (2017)	smoking	tweets about menthol cigarettes	Twitter	Quantitative, Cross-sectional	no results	data collected by the Health Media Collaboratory through the Gnip PowerTrack Firehose (keywords; cig or cigarette, smoking)	N= 6657 tweets	Content coding, univariate statistics
van den Heerik, van Hooijdonk, Burgers (2017)	smoking	Dutch Health campaign/ "smoking is so outdated"	Facebook/ Twitter	Qualitative, cross-sectional	Social cognitive theory/	Case Study	N= 441 slogans from the campaign and slogans co-created by the target audience.	Corpus-linguistic analysis

Source	Topic of study	Object of study	Social Media Technology	Study Design	Theoretical Framework	Data collection methods	Recruitment/Sampling	Data analysis statistical methods
Link, Cawwell, Shelley, Sherman (2015)	smoking (electronic cigarette and hookah)	ENDS and hookah users	primary social media account of the users (Facebook, Instagram, Twitter or Google+)	Quantitative, Cross-sectional	Prototype/ Willingness Model (PWM) (the survey was guided by this model)	1. 60-90 minute interview/ 2. brief survey	N= 21 ENDS users and 20 hookah users	1. Likert-scale/ 2. descriptive statistics, including means and standard deviations here applicable. T-tests to evaluate continuous variables and Fischer's Exact Test to evaluate categorical data
Cook, Bauermeister, Gordon-Messer, Zimmerman (2012)	substance use (alcohol and drugs)	emerging adults (18-24) from across the United States	online networks	Quantitative, Cross-sectional	Social Network theory	survey/ online data collection	part of the Virtual Network Study examining emerging adults' interpersonal relationships online / adapted Web version of Respondent-Driven Sampling (webRDS) to recruit participants/ N=2,153	1. descriptive analysis for study variables and attrition analyses for those variables not included in the peer-network data sets 2. multivariate regression 3. stratified the regression models by sex and tested for sex differences in the regression parameters using independent sample t tests

**Timeframe**

Although the search criteria for timeframe criteria were between 2007 and 2017, the papers that were included in the analysis were published between 2012 and 2017. The following numbers of articles were published each year: 2012 (n= 1), 2013 (n= 2), 2014 (n= 1), 2015 (n= 5), 2016 (n= 3), 2017 (n= 7). This indicates that while people have used social media for much longer and in media studies, many seminal social media-related articles had already been written much earlier, while attention to the medical use of social media to shape norms is fairly recent. Moreover, many studies have focused on how offline social networks influence norms and behaviour on issues concerning health. With the emergence of online social networking sites, users are online in unprecedented numbers and regularly engage with their peers (Black, Schmiede, Bull, 2013); and consequently, these online exchanges have resulted in the formation of online social networks and norms (Cook et al., 2013). Apparently, the interest had to be switched from offline networks to online since users' engagement in social media has become more intense.

**Topic of Study**

Many of the articles generally focused on healthy and risky behaviours (N=5), e.g. disordered eating, healthy eating and physical activity, two of them were on sexual health and one was related to healthcare and patients. At the same time, a meaningful number of studies focused on smoking (n= 6), and substance use, e.g. alcohol and drugs (n=5). It is noticeable that no article focused on a specific medical condition. This is because of the limitations that exist in conducting a systematic review that uses specific keywords. Most of the studies aimed to draw attention to health-risky behaviours, how users develop attitudes and what affects their health-risky behaviours (Yoo, Yang, Cho, 2016) or the potential of social media as a health communication campaign tool, examining the effects of online social interactivity (Namkoong et al., 2017).

**Sample or Subject of study**

Of the 19 included articles, six studies focused on adolescent and young adults and four studied persons without specifying the age group. From the remaining sources, six focused on texts posted on social media concerning health issues and exploring the shaping of norms and behaviours, while the other three studied social media activity, profiles and photographs on social media networks. It is noteworthy that most of the studies were concerned with young adults, primarily students, and their social media activity (posts, profile, online interaction). We can assume that health-risk behaviours are more common among college students and norms can be shaped at the dawn of adulthood. Moreover, the engagement of

young people with social media networks is more common than with older people. At the same time, the nature of the studies also leads us to suspect an element of convenience sampling, where students are surveyed or interviewed as they are more easily accessible.

### **Social Media Technology**

The most common social media technology studied was Facebook (n=9), suggesting that it is the most popular social medium that people use. Facebook was followed by Twitter (n=6) and Instagram (n= 3), which seem to have an increasing influence on social media users. Other social media technology studied (n= 6) were SnapChat, Yik Yak, Google +, blogs, microblogs and websites, while three studies did not specify the social media technology they focused on.

### **Study design and data-collection method**

An overwhelming majority of the studies used a quantitative approach (n= 16), of which 14 were cross-sectional and only two longitudinal. Only one of the studies used a qualitative method, merely because the research was a case study aiming to explore how co-creation offered by social media can affect and shape social norms related to health issues. The study was cross-sectional. Moreover, two of the studies combined qualitative and quantitative methods. One of them was longitudinal and collected data through interviews, while the other was cross-sectional and collected texts that were then analyzed both qualitatively and quantitatively through content and textual analysis and media framing.

Most of the studies used online surveys (n= 7) for collecting data. However, a notable number of studies (n=6) collected data through social media either by screenshots or using applications designed for extracting data from social media (API, google alert, Gnip PowerTrack Firehose). Other data-collection methods that we encountered in the studies were interviews (n=2), offline surveys (n=2), experiment (n=1), case study (n=1) and simple random process (n=1).

### **Theoretical basis**

The most popular theoretical model was the theory of Planned Behaviour (n= 4) followed by Social Cognitive theory (n= 3). Six of the articles did not mention the use of any theoretical model underlying their study. To continue with, the rest of the theories used belong in the realm of social psychology, e.g. theory of normative social behaviour, theories of reasoned action, prototype/willingness model, social network theory and communication, e.g. uses and gratification theory, framing theory, influence of presumed influence model and dialogic public relations theory.

## 4. Discussion

In this article, we did not necessarily want to focus on the results of the studies, rather we wanted to see what methods and theories were used to understand this topic. As we saw, the interest in health-related norms was predominantly framed by medical research, using theories of social psychology, and from there, mostly looking at public health concerns. We excluded a number of studies that were focused on reporting social media interventions that different public health bodies undertook in order to shape people's behaviour. The predominantly positivist approach meant that people sought more to describe and understand people's behaviour and compliance to norms rather than looking at how, through their discussions, they can shape the norms. Overall, the norms in the articles also follow a positivist understanding and are taken as given and to be adopted rather than collectively negotiated. Thus, a study from a constructivist perspective, investigating how new norms around health-related issues are negotiated, might be a novel approach to this corner of the field.

The aim of studying discussions of health-related social norms in social media was our first priority but, to our surprise, the media research that is connected to medical studies opened our eyes to a new disciplinary approach and a new research instrument. In order to investigate only the instrument, we could have chosen a topic more central to media and communication issues to allow a better discussion of the applicability of such an approach outside health. However, the PRISMA checklist and approach to systematic review can in our opinion be seen to be general enough to allow for an interdisciplinary approach.

Overall, the idea of a systematic peer review, where articles are included and excluded according to a self-report protocol and a final selection is recorded in a table format like in Table 2, could be a beneficial approach to many more areas than medical studies. The relevance of such peer reviews as independent publications can perhaps be questioned, as they leave little space for weaving the results in an interesting narrative. At the same time, such reviews should definitely belong to the grey-literature tool for many researchers. The benefits of such an approach is the sense of credibility it gives to the reader. With the abundance of journals and digital search opportunities, there may be a nagging suspicion that something important has been omitted. This kind of 4-step process will allow researchers to backtrack their own (or other people's) literature reviews and have a sense of coherency and completion.

The PRISMA 27-step quality checklist is also worth investigating for methodological transparency and writing quality. Based on the Table 1 comments, we consider 17 out of the 27 check-list items are easily usable and useful for media and communication research. The current tradition of literature reviews in the me-

dia and communication area is lacking in transparency as to what kinds of studies are included and what kinds are excluded. More focus in on the narrative voice of the author of the review. The approach from PRISMA aims for objectivity and neutrality that is not very compatible with the dominant critical and constructive paradigms used in media and communication studies. However, the elements of the selected check-list are useful for consideration in almost any research report or paper, so using the checklist to see if they are clearly reported in an article or student paper might be helpful for everyone.

In our case, we did not conduct any more complex analysis than the simple counting of different articles as the end sample of 19 was too small for additional statistical manipulations. We do think that this kind of keyword-based selection could be interesting to combine with more nuanced research and would serve as good background material for future studies. There are additional interesting ways of conducting such meta-reviews where, for instance, new theoretical frameworks can be applied to extract and systematize new knowledge based on meta-reviews, as in the case of social media affordances for managing chronic illnesses (Merolli, Gray, Martin-Sanchez, 2013). In cases like this, a literature review can be utilized even more interestingly for media and communication studies

Overall, the experience of using PRISMA for a literature review was very interesting and we would recommend this as a trial and additional evaluation for other researchers as well.

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